



TOUCH Community Services Limited (Co.Reg.No. 200104673R)
 Blk 162 Bukit Merah Central #05-3545, Singapore 150162
 Tel: (65) 6377 0122 Fax: (65) 6377 0121
 Email: careers@touch.org.sg Website: www.touch.org.sg

Recent
Photograph

1. GENERAL INFORMATION

Position applying / considered for:	Service / Department:
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Please indicate where you came to know about the position being applied for:

TOUCH Community Services Website
 NCSS Website
 Newspaper Advertisement
 Job Recruitment Website: _____
 Recommendation: _____
 Others: _____

2. PERSONAL PARTICULARS

Salutation: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Name in Chinese characters (if applicable):	Race / Dialect Group:
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Full Name as in Passport / Identity Card (Underline Family Name):	
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Home / Postal Address:	Home No.:	Office No.:
	Mobile No.:	Confidential Fax No.:
	Email Address:	

Date of Birth (dd / mm / yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Age :		

Identity Card No.: <input type="checkbox"/> Pink <input type="checkbox"/> Blue	Religion: <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Catholic <input type="checkbox"/> Hinduism <input type="checkbox"/> Others, please specify:
Place of Issue:	
Nationality:	

Country of Birth:	Type of Singapore Immigration Pass you are currently holding:
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR (Please attach a copy of Entry Permit) Date of SPR issue (dd / mm / yy): _____ <input type="checkbox"/> Non-Singapore PR	<input type="checkbox"/> Employment Pass <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Pass <input type="checkbox"/> Dependent Pass <input type="checkbox"/> Social Visit Pass
	FIN Number: _____ Date of Expiry: (dd / mm / yy)

Full-time National Service Records: (If male Singapore Citizen or Permanent Resident of Singapore, please attach a copy of the Certificate of Conduct/Service and Exemption Notice, whichever applicable)

Serving Completed Part-time Exempted

State Service Period: _____ Vocation: _____ Rank: _____

3. FAMILY BACKGROUND

Relationship	Full Name	Date of Birth (dd / mm / yy)	Place of Birth	Nationality	Occupation	Present Address

4. EDUCATION BACKGROUND & OTHER RELEVANT QUALIFICATIONS / COURSES

Level	Name of Institution	From (mm / yy)	To (mm / yy)	Qualification	Did you graduate?
Primary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary					<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation / Tertiary					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Others					<input type="checkbox"/> Yes <input type="checkbox"/> No

a.	If you plan further education, please explain:	
b.	If licensed in Profession or Trade, state kind and where registered:	
c.	Other training or skills (Factory or Office Machines Operated, Special Courses, etc):	

Languages: (Please state languages and proficiency level i.e. excellent, good, fair, poor)

Written:

Spoken:

5. ACTIVITIES (list activities/offices held, including professional membership, public, civic activities and hobbies)

School	
University / College	
At Present	
Hobbies	

i.	Are you in any form of counseling or have been counselled before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
j.	Do you or have you ever suffered from any serious illnesses, accident or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, state extent / nature	
k.	Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
l.	Have you ever been treated for mental related illnesses <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
m.	Do you have other sources of income besides your salary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details	
n.	Do you:	<input type="checkbox"/> Own your home <input type="checkbox"/> Live with parents <input type="checkbox"/> Rent accommodation
o.	Do you have any relatives / acquaintances in TOUCH Community Services Limited or its affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please state name(s) and relationship	
p.	Why are you interested in this position?	
q.	What are your career goals?	

I warrant and represent to TOUCH Community Services Limited ("TCSL") that all information I have disclosed herein is true, complete, accurate in all aspects, and not misleading in any aspect. I understand that any misrepresentation or omission made in the information I have provided herein will result in TCSL refusing to process my application, or my dismissal in case of my eventual employment with TCSL.

I understand that commencement of employment is subject to my successful completion of a medical examination and I undertake to attend such medical examination as required by TCSL. I further consent to the said medical institution's release of my examination results to TCSL for the purposes of my application.

I hereby consent to TCSL' collection, retention, and use of my Personal data as contained in this form for the purpose of evaluating my suitability for any position with TCSL. I furthermore hereby consent to TCSL collecting my personal data from any other third party for the purpose of the said evaluation and authorise any third party to disclose my personal data to TCSL.

Date: _____

Signature: _____

* If space provided is insufficient, please furnish details on a separate sheet.