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APPLICATION FOR LOCUM POSITIONS

Confidential

Instructions:

- 1) Complete this form and submit to:
HR Department, 50 Chin Swee Road, Thong Chai Building, #09-04 S169874 Singapore
- 2) All sections must be carefully completed. Any false particulars or wilful suppression of material fact will disqualify candidates for appointment.
- 3) Please attach photocopies of NRIC, Passport, Educational Certificates, and other supporting documents.
- 4) Circle where there is an (*) asterisk. For items which are not applicable, please state N/A.

Position Applied for: _____

1. PERSONAL INFORMATION

Full Name as in NRIC (underline family name):

Residential Address:

Home Telephone No:

Mobile Phone No:

Email Address:

Date of Birth:

Marital Status:

Age:

Place of Birth:

Citizenship: Citizen / SPR / Foreigner*

NRIC/FIN No. (Pink/Blue*):

SPR Date of Issue:

Gender:

Race:

Religion:

Passport No:

(for non-Singaporean / SPR only)

Driving License: Yes / No*

(Class _____ / Country: _____)

2. IMMEDIATE FAMILY MEMBERS

Name	Relationship	Age	Occupation

3. NEXT-OF-KIN (PERSON TO CONTACT IN THE EVENT OF EMERGENCY)

Name	Relationship	Address	Tel Number
			(Home): (Office): (Mobile):
			(Home): (Office): (Mobile):



4. EMPLOYMENT HISTORY **start from most recent employment*

Employment 1 *(most recent)*

Name of Company	Position Held	From/To	Reason for Leaving	Last Drawn Pay

Employment 2

Name of Company	Position Held	From/To	Reason for Leaving	Last Drawn Pay

Employment 3

Name of Company	Position Held	From/To	Reason for Leaving	Last Drawn Pay

Employment 4

Name of Company	Position Held	From/To	Reason for Leaving	Last Drawn Pay

5. REFERENCES

Name	Company	Occupation	Phone and Email	Relationship	Years Known



6. EDUCATION / TECHNICAL QUALIFICATIONS **start from highest level attained*

Name of Institution	Name of Course	From	To

7. RELEVANT CERTIFICATION / COURSE / TRAINING / SKILL

Qualification Obtained	Awarding Institution	Completion Date

Do you hold Allied Health Profession Council Membership (AHPC) : Yes / No *

If yes, what type of membership : Full / Conditional / Restricted *

8. LANGUAGES ** tick the appropriate boxes*

Proficient Languages	Spoken			Written		
	Fluent	Fair	Basic	Fluent	Fair	Basic



Duration per visit: 4 hours / 8 hours / others* If others, please specify: _____

Type:

c. Hepatitis C *Date of Immunisation:* _____ Yes / No *

I hereby declare that the particulars provided above are true to the best of my knowledge and that I have not wilfully suppressed any material fact. I understand that misrepresentation and omission of any material fact required in this form shall be sufficient cause to have my services terminated should I be engaged to provide locum services. I voluntarily give Pacific Rehab & Therapy the right to make a thorough investigation of my past employment and activities, agree to co-operate in such investigation and release from all liability or responsibility of all persons, companies or corporations supplying such information. I consent to the collection, use, maintenance, transfer and possessing of my personal data, in accordance with the Singapore Personal Data Protection Act.

(Signature) (Date)