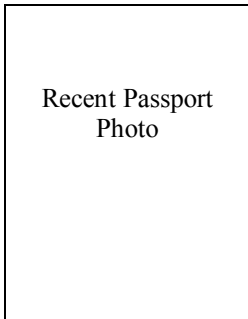




# APPLICATION FORM

Recent Passport  
Photo



## Position Applied For

- Room Attendant  
 Bellman  
 Others position \_\_\_\_\_

- Linen Attendant  
 Public Area Attendant

Type of Employment : Full Time/Part Time\*

\* Date available : \_\_\_\_\_

\*Time available : \_\_\_\_\_

PERSONAL DATA				
Full Name (As in NRIC/ Passport)		Gender Male / Female	Identity Card No	
Local Address		Marital Status Single / Married / Separated/ Divorced/ Widowed	Identify Card Colour	
Overseas Address (for WP Holder only)		Race	Nationality	Place of Birth
Home Tel No.	Mobile No.	Religion	Date of Birth	Age
EDUCATIONAL BACKGROUND				
<input type="checkbox"/> None <input type="checkbox"/> Completed Primary 6		<input type="checkbox"/> 'N' level <input type="checkbox"/> 'O' level	<input type="checkbox"/> ITE / Diploma <input type="checkbox"/> Others(Pls specify) _____	
EMPLOYMENT HISTORY (start with your present employer)				
Name of Current /Last Employer		Position held / Duration		Reasons for Leaving
*PERSON TO CONTACT IN CASE OF EMERGENCY				
Name		Relationship	Address	
Occupation		Home Tel No.	Mobile No.	Office No.
*FAMILY PATICULARS (Spouse, Children, Parents, Siblings)				
Name		Relationship	Date of Birth	Occupation

**OTHER INFORMATION****(Please give details if you indicate 'yes' for any of the following questions)**

Have you ever worked in our organization before? Give reason for leaving Yes/No

Have you ever been suspended or dismissed from employment by any company? Yes/No

Have you ever been convicted in court of law in any country? Yes/No

**HEALTH INFORMATION***For the consideration of the applicant's personal health interest, we would appreciate if you could complete the following questions. Please give details if you include 'yes' for any of the following questions.*

Have you been or are you suffering from any Heart Problems? Yes/No

Have you been or are you suffering from High/Low Blood Pressure or Hypertension? Yes/No

Have you been or are you suffering from any Allergies? Yes/No

Have you been or are you suffering from any other medical conditions, diseases and physical limitations? Yes/No

Are you on regular medication to control any of the above medical condition? Yes/No

Do you have any special needs requirement? Yes/No

**DECLARATION**

I declare that the information given by me in this application for employment is accurate and true and that I have withheld no information which would in any way affect my employment by the Company. I accept that if any information given by me in this application is in any way false or incorrect, the Company shall have the right to terminate my employment without notice and without giving any reason.

By providing the information set out in this form, I agree and consent to the Company and its related corporations (collectively, the "Group"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my personal data provided above as well as in the records of the Group from time to time, and disclosing such personal data to the Group's authorised service providers, and relevant third parties for purposes reasonably required by the Group and its Representatives to process my employment application, assess my suitability for the position which I am applying for, and if I am offered employment by the Group, to administer and manage my employment relationship with the Group.

Such purposes are set out in the Group's Data Protection Policy, which is accessible at <http://www.uel.sg> or available on request and which I confirm I have read and understood.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE**

Decision : Suitable / Not Suitable / Keep in View

Comments: :

Appointment \_\_\_\_\_

Department \_\_\_\_\_

Starting Salary \_\_\_\_\_ Grade \_\_\_\_\_

Commencement Date \_\_\_\_\_

Contract Period (If applicable) \_\_\_\_\_

Position Reports to \_\_\_\_\_

Recommended By \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_