



## Bethesda CARE Centre

### Job Application Form

This form may take you about 20 minutes to fill in.  
You will need the following information to fill in the form:

- Applicant's personal particulars
- Educational qualifications, employment history, character references

Please complete the application form and submit supporting documents to:

**Office Manager (HR & Corp. Admin.)**  
**Bethesda CARE Centre**  
**Blk 242 #01-93**  
**Hougang Street 22**  
**Singapore 530242**  
**Email: [corpadmin@bcare.org.sg](mailto:corpadmin@bcare.org.sg)**

**Please note:**

1. Applications that are not properly completed or illegible may not be considered.
2. Any false particulars given or wilful suppression of materials facts by applicants will disqualify them for appointment, and if appointed, to immediate dismissal and/or appropriate legal proceedings.
3. BCARE does not enter into correspondence with regard to the reasons for selection of applicants.
4. The application form must be completed in accordance with the instructions on this form.

<b>(A) Post(s) applied for: 1) _____ 2) _____</b>	
Are you prepared to consider posts other than those you have listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your expected monthly salary? S\$ _____	When is the earliest date you can commence work? (D/M/Y) _____
<b>(B) Personal Particulars</b>	
Full name in BLOCK LETTERS (*Delete as appropriate)	
(As stated in NRIC) Mr/ Ms*: _____	
Residential address: _____	
Postal Code: _____	

Singapore Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Issue: _____ Present citizenship: _____ Previous citizenship (if any): _____	NRIC No./ Passport No. _____  <i>You are only required to provide the last 3 digits with the letter at the back. We will, however, need you to provide full details if the job application is successful. <b>Please let us sight your NRIC for verification purposes.</b></i>
Mobile no.: _____ Home/ Office tel.: _____ Email address: _____	
Any Relatives/ Friends in Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name & position: _____	Have you previously applied for employment in this Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Which position? _____
Are you serving Bond with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>(C) Language Proficiency</b> (Please indicate with (√) where applicable)						
Language/ dialect (Please specify)	Spoken			Written		
	Good	Fair	Poor	Good	Fair	Poor
<i>English</i>						

<b>(D) Educational/ Technical Qualifications</b>				
Name of school – primary/ secondary/ college/ polytechnic/ university attended	Country	Duration of course		Highest academic qualifications attained
		From (D/M/Y)	To (D/M/Y)	(For University graduate, please indicate class of honours: <b>1<sup>st</sup> Class, 2<sup>nd</sup> Upper, 2<sup>nd</sup> Lower, 3<sup>rd</sup> Class, Pass with Merit or Pass Degree</b> )

**(E) Previous & present employment in chronological order** (Please attach testimonials where available and indicate no-pay leave period if duration is ≥ 1 month. Please exclude casual/ part-time employment.)

From (D/M/Y)	To (D/M/Y)	Company name	Designation	Reason for leaving	Current/ Last drawn salary

**(F) Reference**

Please provide particulars of two persons who are not related to you. They should be responsible persons who can provide information on your character and work performance. Both referees should be gainfully employed. BCARE may contact either or both of the references stated. By signing below, you confirm that you have obtained their consent to disclose their personal data to BCARE for the purpose of it seeking information on your character and work performance.

\_\_\_\_\_  
(Signature of Applicant)

Name of Referee 1	Contact no.	Name of Referee 2	Contact no.
Designation/ Company	Years known	Designation/ Company	Years known
Email address		Email address	

**(G) Declaration (Please tick)**

- I give my consent for BCARE to obtain and verify from or with any source, as you deem appropriate for the assessment of my application for employment.
- I declare that the particulars given by me in this application for employment and the attached sheets are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. I accept that if any of the information given by me in this application is any way false or incorrect, I shall be disqualified from employment or dismissed from service.
- I consent to BCARE collecting and using the personal data in this application for employment for the purpose of considering whether to interview and/ or hire me and, if I am hired, to BCARE using and, to the extent necessary, disclosing it for the purpose of managing my employment relationship with BCARE and corporate reporting.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_