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| **PART I PERSONAL PARTICULARS** | | | | | | | | | | | | | |
| Full Name (As in NRIC, underline Surname) | | | | | | | | | | | | | |
| Postal / Home Address | | | | | | | | | | Contact No. | | | |
|  | | | | | | | | | | Home : | | | |
|  | | | | | | | | | | Mobile : | | | |
| E-mail Address (if any) | | | | | | | | | | | | | |
| Nationality | | | | Date of Birth | | | | Singapore Permanent Resident (PR)  Yes / No / Not applicable | | | | | |
| **PART II EDUCATION DETAILS** (List Schools / Institutes / Polytechnics / Universities attended. Attach relevant copies of Certificates and Transcripts) | | | | | | | | | | | | | |
| From | To | Schools / Institutes / Polytechnics / Universities attended | | | | | | | | | | | Qualifications Obtained |
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| OTHER QUALIFICATIONS RELEVANT TO THE POSITION YOU ARE APPLYING FOR (Typing / Shorthand / Secretarial / Technical Certificates. Attach relevant copies of Certificates and Transcripts) | | | | | | | | | | | | | |
| From | To | School | | | | | | | | | | | Qualifications Obtained |
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| If you are at present attending any course(s) and have yet to sit for any examination, give details of Course / Institution | | | | | | | | | | | | | |
| Do you have any relatives or friends presently working in Dyslexia Association of Singapore? If so, please give details | | | | | | | | | | | | | |
| Name | | | | | | Appointment | | | Centre | | | | Relationship |
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| **Language Proficiency** (Please state languages and proficiency level – Beginner, Intermediate, Advanced) | | | | | | | | **Computer Knowledge** (Please state the software packages that you are familiar with) | | | | | |
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| **Memberships of Clubs or Societies/ Register of Educational Therapists (Asia) [RETA]** | | | | | | | | **Extra-Curricular Activities / Hobbies / Sports** | | | | | |
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| **PART III EMPLOYMENT HISTORY** (Give details of your employment history beginning with most recent employer) | | | | | | | | | | | | | |
| **Present Employment** | | | | | | | | | | | | | |
| Position Held | | | | | | | | Date of Present Employment | | | | | |
| Name of Employer | | | | | | | | Present Monthly Salary | | | | | |
| Address of Employer | | | | | | | | Expected Monthly Salary | | | | | |
| Reason for intended change of employment | | | | | | | | | | | | | |
| Previous Appointments (Use separate sheet if necessary. Please attach copies of testimonials, if available.) | | | | | | | | | | | | | |
| Date Join | Date Left | Position Held | | | Name of Employer | | | | | | | Last Drawn Salary | Reason for Leaving |
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| **CHARACTER REFEREES** (Please note that we may contact your references to seek advice.) | | | | | | | | | | | | | |
| Name | | | Occupation | | | Years Known | Contact Number | | | | E-mail address | | |
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| PART IV OTHER INFORMATION | | | |
| **AS WE ARE DEALING WITH YOUNG CHILDREN,** **PLEASE ANSWER THE FOLLOWING QUESTIONS.** (Please circle or **BOLD** the relevant option.) | | | |
| 1. Do you have a criminal record? | | Yes | No |
| 2. Have you ever been dismissed, discharged, terminated or suspended from employment? | | Yes | No |
| 3. Have you ever been or are you currently under any financial embarrassment, such as an undischarged bankrupt or a judgement debtor? | | Yes | No |
| 4. Are you currently suffering from: | |  |  |
| (a) Medical condition? | | Yes | No |
| (b) Mental illness? | | Yes | No |
| (c) Learning difficulty (diagnosed or otherwise)? | | Yes | No |
| 5. Have you ever submitted an application for a position in DAS before? | | Yes | No |
| If the answer is **YES** for any of the questions above, please provide details in the space below. | | | |
| **How did you get to know of our vacancy**  **First point of contact/ information:**   DAS Website  Straits Times  NCSS Careers Portal  MyCareersFuture  Others\_\_\_\_\_\_\_\_\_\_\_\_\_  **If through a referral\*, please provide referrer’s information:**   DAS Staff  DAS Parent  DAC Course Participant  DAS Partner/ Donor/ Client (Org. Name: \_\_\_\_\_\_\_\_\_\_\_ )   Others\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Referrer’s Full Name | Contact No. | | |
| E-mail Address: | Relationship with applicant: | | |

\* Terms and conditions for the “Refer a Friend Program” as stated on the DAS website.

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| **IMPORTANT NOTE:**  False particulars or suppression of materials facts will render you liable to disqualification and if appointed, to dismissal. | | |
| Date of submission | Signature | |
| **CONFIDENTIALITY CLAUSE**  All information gathered in the course of processing your employment application will be treated with confidentiality.  The information will also be retained for future job opportunities, where suitable.  If you do not wish for your information to be retained, please select the box below.   I do not wish for my information to be retained in the event that my employment application is   unsuccessful. | |