

INFINITE QL GROUP OF COMPANIES

EMPLOYMENT APPLICATION FORM

(E-mail your application to hr@infiniteql.com)

Affix your recent
passport size
photograph here

IMPORTANT

SUBMIT THE COMPLETED FORM with clear copies of your resume, certificates, transcripts and/or testimonials.

Use ✓ where applicable and ensure that your writing is legible

JOB INTEREST					
POSITION DESIRED				FOR OFFICE USE	REF NO.
DATE AVAILABLE (DD/MM/YY)	EMPLOYMENT DESIRED		FULL TIME []	INTERNSHIP []	
PERSONAL DATA					
NAME (NRIC/PASSPORT)					
OTHER NAME(S)					
COMPLETE HOME ADDRESS					
NATIONALITY	NEW NRIC NO.				
PASSPORT NO.	COUNTRY OF ISSUE				
GENDER (MALE / FEMALE)	RACE			RELIGION	
DATE OF BIRTH (DD/MM/YY)	PLACE OF BIRTH (TOWN OR CITY)			MARITAL STATUS	
TEL NO. (OFFICE)	TEL NO. (HOME)			TEL NO. (H/P)	
E-MAIL ADDRESS					
DRIVING LICENSE CLASS	WHAT VEHICLE DO YOU OWN?	NONE []	CAR []	MOTORBIKE []	
LANGUAGE(S) SPOKEN	1.	2.	3.		
LANGUAGE(S) WRITTEN	1.	2.	3.		
HOBBIES	1.	2.	3.		
HEALTH CONDITION(S) / IMPAIRMENT(S) / DISABILITY(S)?	YES []		NO []		
IF YES, PLEASE STATE BRIEFLY					
ARE YOU A FRIEND/RELATIVE OF CURRENT/EX-STAFF(S)?	YES []		NO []		
IF YES, PLEASE STATE NAMES	1.	2.	3.		
HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW?	YES []		NO []		
IF YES, PLEASE EXPLAIN BRIEFLY					
SKILLS					
PROGRAMMING LANGUAGE(S)					
TYPE(S) OF COMPUTER(S) USED					
ADDITIONAL SKILLS, PLEASE STATE BRIEFLY					
TYPING SPEED (WPM)			SHORTHAND (WPM)		

EDUCATION BACKGROUND

TYPE	NAME OF SCHOOL	DATE STARTED (DD/MM/YY)	DATE ENDED (DD/MM/YY)	QUALIFICATION/CERTIFICATION
PRIMARY				
SECONDARY				
COLLEGE				
UNIVERSITY				
OTHERS				
OTHERS				

SCHOLASTIC HONORS / EXTRA CURRICULAR ACTIVITIES	

EMPLOYMENT HISTORY (START WITH MOST RECENT)

Note: We reserve the right to contact your previous employer(s) and/or your referee(s) for background checks

COMPANY NAME			
POSITION			
DATE STARTED (DD/MM/YY)		DATE ENDED (DD/MM/YY)	
STARTING SALARY		LAST DRAWN SALARY	
TOTAL ALLOWANCE (IF ANY)			
REASON FOR LEAVING			

COMPANY NAME			
POSITION			
DATE STARTED (DD/MM/YY)		DATE ENDED (DD/MM/YY)	
STARTING SALARY		LAST DRAWN SALARY	
TOTAL ALLOWANCE (IF ANY)			
REASON FOR LEAVING			

COMPANY NAME			
POSITION			
DATE STARTED (DD/MM/YY)		DATE ENDED (DD/MM/YY)	
STARTING SALARY		LAST DRAWN SALARY	
TOTAL ALLOWANCE (IF ANY)			
REASON FOR LEAVING			

OUTSTATION POSTINGS

ARE YOU WILLING TO WORK OUTSTATION?	YES []		NO []	
IF YES, PLEASE LIST STATE(S) BY ORDER OF PREFERENCE	1.	STATE :	DURATION :	
	2.	STATE :	DURATION :	
	3.	STATE :	DURATION :	

PARTICULARS OF SPOUSE / NEXT OF KIN

NAME (NRIC / PASSPORT)			
NRIC NO. / PASSPORT NO.		RELATIONSHIP	
IF MARRIED, STATE MARRIAGE DATE (DD/MM/YY)		TEL NO.	
COMPLETE ADDRESS			
NATIONALITY		OCCUPATION	
EMPLOYER / COMPANY NAME			

PARTICULARS OF FAMILY (PARENTS, SIBLINGS & CHILDREN)

NO.	FULL NAME	AGE	RELATIONSHIP	OCCUPATION	SCHOOL / COMPANY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

REFERENCES (OTHER THAN RELATIVES AND FRIENDS)

REFERENCE NO. 1		REFERENCE NO. 2	
NAME		NAME	
OCCUPATION		OCCUPATION	
RELATIONSHIP		RELATIONSHIP	
YEARS KNOWN		YEARS KNOWN	
TEL NO.		TEL NO.	

APPLICANT'S DECLARATION

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSE DECLARATION OR WILLFULL OMISSION OF FACTS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR EMPLOYMENT OR DISMISSAL FROM THE COMPANY'S SERVICE IF I HAVE BEEN EMPLOYED.

APPLICANT'S SIGNATURE	DATE (DD/MM/YY)