



Application Form

Position Applied For:				Date of Application:		
SECTION I: PERSONAL PARTICULARS						
Full Name in BLOCK LETTERS (according to NRIC) Dr / Mr / Mrs / Mdm / Miss*					Recent Passport-size Photograph is required	
Home Address: S ()		Mobile:	Home Tel:			
		Marital Status: Single / Married / Divorced / Widowed*				
Email Address:		No. of children: _____ & Age(s): _____				
Partial NRIC No (e.g. XXXXX567A): Pink / Blue*		Date of Birth	Country of Birth:		Nationality:	
Gender: Male / Female*	Race:	Religion:	Church Affiliation (if applicable):			
SECTION II: ACADEMIC / PROFESSIONAL QUALIFICATIONS (Please attach copies if relevant certificates and transcripts)						
Name of Institutes	Country	From (MM/YY)	To (MM/YY)	Qualification Attained		Full-time / Part-time
SECTION III: ANY COURSES CURRENTLY PURSUING						
Name of Institutes	Name of Course			Duration	Expected Completion Time	
SECTION IV: EMPLOYMENT DETAILS (Please start with your present appointment)						
From (MM/YY)	To (MM/YY)	Company	Position Held	Full-time / Part-time	Nature of Duties	
Current / Last drawn Monthly Salary:			Please be informed that by signing this application, you agree that Grace Orchard School may release your personal data and academic results, as provided in this application form to MOE / NIE for further administration purposes.			
Expected Monthly Salary:						
Resignation Notice Period:						
Date of Availability if Selected:						

*Delete as appropriate

**SECTION V: Experience in Teaching Children with Special Needs
(For Teaching Positions Application Only)**

Duration of Teaching Experience	Age Range of Students Taught	Range of Special Needs Worked With
Subjects Taught / Area of Expertise		Other Related Experience

Write a brief description of your interest and experience in teaching children with special needs

SECTION VI: Knowledge of Microsoft Office Software (tick ✓ the appropriate box)

1. MS EXCEL	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Not at all
2. MS WORD	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Not at all
3. MS ACCESS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Not at all
4. MS POWERPOINT	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Not at all
5. MS PUBLISHER	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Not at all

SECTION VII: NATIONAL SERVICE (tick ✓ the appropriate box)

Completed (Duration: From _____ to _____)
 Currently Serving (Expected ROD _____)
 Disrupted (Reason(s): _____)
 Exempted (Reason(s): _____)

**SECTION VIII: REFERENCE (Referees should not be related to you)
Please note that the School may write to the organisations/ individuals below before and/or upon your acceptance of employment**

Name:		Name:			
Email:		Mobile:	Email:		Mobile:
Company:	Occupation:	Years Known:	Company:	Occupation:	Years Known:

SECTION IX: EMERGENCY CONTACT PERSON(S)

Name:	Relationship:	Contact Nos.: (e.g. Office/Home/Mobile)
Name:	Relationship:	Contact Nos.: (e.g. Office/Home/Mobile)

SECTION X: DECLARATION BY APPLICANT (tick ✓ the appropriate box)	
1. Have you ever been convicted in a court of law in any country?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you ever been declared a bankrupt?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Have you ever been dismissed or suspended from the service of any company?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you ever suffered from or received any treatment for any medical/psychiatric condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Have you ever made previous application for employment to Grace Orchard School?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Do you have a physical, visual, sensory or mental impairment/disability which substantially limits one or more life activities (e.g. walking, seeing, hearing, breathing, reading or learning)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Do you have any family member(s), relative(s) or friend(s) working in Grace Orchard School or serving in the School Management Committee(s) in Grace Orchard School?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If your answer is "Yes" to any of the above questions, please state the details below:

STATEMENT ON PERSONAL DATA PROTECTION

- Grace Orchard School aims to comply with the requirements of the Personal Data Protection Act 2012 ("PDPA").
- In context of employment, Grace Orchard School collects personal data and may disclose personal data to third parties where necessary for the following purposes:
 - assessing and evaluating applicant's suitability for employment; and
 - verifying applicant's identity and the accuracy of the personal details and other information provided.
- Upon selection and employment by Grace Orchard School, the school uses personal data for the purpose(s) of managing her employees, effecting statutorily required contribution(s) and making arrangement(s) for applicable employee benefit(s).
- If you provide information to us about another individual (for example, your reference), you must ensure that the individual is aware that you have disclosed his/her personal data to Grace Orchard School and that Grace Orchard School may use his/her personal data for the purpose(s) and in the manner stated herein.

APPLICANT'S ACKNOWLEDGEMENT

- I give consent to Grace Orchard School for the collection, use and/or disclosure of my personal data for the purpose of evaluating and assessing my suitability for employment and, upon selection and signing on with Grace Orchard School, the management of my employment status, effecting statutorily required contribution(s) and making arrangement(s) for applicable employee benefit(s).
- I certify that document(s) and information I have provided are true and correct and agree that the document(s) and information I have provided can be verified by direct contact with my nominated referees.
- I am aware that Grace Orchard School reserves the right to terminate my employment immediately if it is found that I have provided false document(s) and/or information or that I have wilfully suppressed materials fact(s).
- By signing below, I hereby certify that I have read and understood all of the clauses above and that I agree to all of them.

Signature of Applicant	Date

Official Use (tick ✓ the appropriate box)

Is the candidate:

Selected Rejected Others: _____

Please state the reason: _____

Interviewed by:	Date:
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At 2nd Interview, is the candidate:

Selected Rejected Others: _____

Please state the reason: _____

Interviewed by:	Date:
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