



EMPLOYMENT APPLICATION FORM

(Please fill in BLOCK LETTERS)

1. POSITION APPLYING FOR (Please tick):	<input type="checkbox"/> TEACHER	Subject/ Year Group:	<input type="checkbox"/> TEACHING ASSISTANT
	<input type="checkbox"/> ADMINISTRATIVE/ SUPPORT/ OTHERS (Please specify):		
2. PERSONAL DETAILS			
Full Name (As stated in National Registration Identification Card or Passport. Please <u>underline</u> surname)			Photo
Aliases / Other Names used in the past (if applicable):			
Correspondence Address:			
Permanent Address:		Tel No :	
		Handphone No:	
		Email Address :	
Years living outside birth country (list country and no. of years):			
Date of Birth: / / (DD/MM/YY)	Languages spoken:	Nationality:	Secondary Citizenship (if any):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Languages written:	Race:	Marital Status:
			No. of Children:
OTHER INFORMATION:			
(a) Have you had / do you have any physical disability, injury or any health condition (physical/mental) that requires long term medication (including hypertension, diabetes, thyroid but not limited to these health conditions)? YES / NO If YES, please elaborate: _____			
(b) Have you ever been discharged from any previous employment due to misconduct? YES / NO If YES, please elaborate: _____			
(c) Have you ever been arrested for violation of any law / conviction of any crime? YES / NO If YES, please state nature of violation and date: _____			
3. IF OFFERED EMPLOYMENT BY HELP:			
Expected Monthly Salary:		Date available to start work: / / (DD/MM/YY)	
4. TERTIARY EDUCATION (including courses in which you are currently enrolled, starting with the highest)			
Dates (From/To)	University/College	Principal Subject or Major/Minor	Type of Degree & Class or Grade Point Average
From: To :			
From: To :			
From: To :			

5. HIGHER SECONDARY SCHOOL EDUCATION – HSC/STPM/GCE ‘A’ LEVEL

Dates (From/To)	School	Grades Obtained
From:		
To:		

6. SECONDARY SCHOOL EDUCATION – MCE/SPM/GCE ‘O’ LEVEL

Dates (From/To)	School	Grades Obtained
From:		
To:		

7. PROFESSIONAL, TEACHING AND OTHER QUALIFICATIONS

Dates (From/To)	Professional Body	Type of Membership
From:		
To:		
From:		
To:		
From:		
To:		

8. IF APPLYING FOR THE POST OF TEACHER, PLEASE SPECIFY SUBJECTS YOU ARE ABLE TO TEACH:

1)	3)	5)
2)	4)	6)

9. HOW DID YOU HEAR ABOUT THE EMPLOYMENT OPPORTUNITY AT HELP?**10. DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED AT HELP? YES / NO**

If YES, please list the name(s):

11. EMPLOYMENT HISTORY (Starting from current)

Dates	Organization	Position	Reason for Leaving
From:	Name:		
	Address:		
To:		Monthly Salary	
	Tel. No:		

Brief description of your work and responsibilities:

Dates	Organization	Position	Reason for Leaving
From: To :	Name:		
	Address:		
		Monthly Salary	
	Tel. No:		

Brief description of your work and responsibilities:

Dates	Organization	Position	Reason for Leaving
From: To :	Name:		
	Address:		
		Monthly Salary	
	Tel. No:		

Brief description of your work and responsibilities:

If there are any gaps in your work history, please state the reasons here:

12. MAJOR SOCIAL, LEISURE AND SPORTING ACTIVITIES AND ACHIEVEMENTS

13. REFERENCES (Minimum 3; Please include your Principal / Line Manager from your current company as a referee)

Name	Company & Designation	Years Known	Email Address	Tel. No.
a.				
b.				
c.				

HELP International School is committed to safeguarding and promoting the welfare of children and young people, and expects all staff and volunteers to share this commitment. As such, all offers of employment are subject to a criminal record check (DBS or equivalent).

Last revised: June 2024

Use this section to elaborate on any points on earlier pages and to provide any other information you regard as helpful for our consideration of your application.

DECLARATION BY APPLICANT:

1. I certify that the information given herein and the enclosed Curriculum Vitae are true and complete to the best of my knowledge, and I understand that any false and/or misleading information given by me may result in termination of my employment at HELP.
2. I understand and agree that HELP shall use the information given herein and the enclosed Curriculum Vitae to verify my academic and employment records, to obtain medical records, and for any other purposes incidental to my employment at HELP.
3. If and when employed by HELP, I authorize and grant HELP the right to use my personal information such as name, credentials, specializations, image, voice and/or the like through printed, audio, visual and electronic means, in specially prepared materials such as official documents for the local authorities, displays, brochures, websites and the like for training and promoting the continuation and improvement of the HELP Group's program(s) as and when it is deemed fit and necessary at no cost.
4. If and when employed by HELP, I agree that all Intellectual Property and moral rights attached to the notes, student manuals, exam questions and answer schemes prepared by me as an academic staff during my tenure at HELP belongs to HELP and thus can be used by HELP and/or its authorized representatives as deemed fit by HELP.
5. I understand and agree that if I revoke my consent to any of the terms herein, I must do so in writing to HELP and the action taken prior to the revocation will not be affected. If and when employed by HELP, I agree to use the technology resources including email account for work related purposes only in a responsible, effective and lawful manner and understand that it is strictly prohibited to transmit emails containing confidential, defamatory, offensive, or obscene materials. HELP shall not be held liable for any damage to the persons and /or properties caused by the transmission of any materials through emails by its employees.
6. I further agree to abide by all the rules and regulations of HELP, if and when employed by HELP.
7. If and when employed by HELP, I agree to execute a confidentiality and non-disclosed agreement which will be effective from the date of appointment and shall survive termination.
8. I hereby authorize HELP and external background screening agency appointed by HELP and its designed agents and representatives to conduct a comprehensive review of my background through a consumer report and/or a background check report to be generated for employment promotion, reassignment or retention as an employee.

Applicant's Signature:	Date:
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FOR OFFICE USE ONLY

Interview Comments & Recommendation (please tick the relevant checkbox)	Interviewer	Date
<input type="checkbox"/> Appoint <input type="checkbox"/> Reject <input type="checkbox"/> KIV		
	Name:	
<input type="checkbox"/> Appoint <input type="checkbox"/> Reject <input type="checkbox"/> KIV		
	Name:	
<input type="checkbox"/> Appoint <input type="checkbox"/> Reject <input type="checkbox"/> KIV		
	Name:	