

## **EMPLOYMENT APPLICATION FORM**

(Please fill in BLOCK LETTERS)

1 DOSITION ADDIVING	☐ TEACHER	Subject/ Year	Group:		TEACHING ASSISTANT
1. POSITION APPLYING FOR (Please tick):	☐ ADMINISTRATIVE/ SUPPORT/ OTHERS (Please specify):				
2. PERSONAL DETAILS					
Full Name (As stated in National	l Registration Identification Car	rd or Passport. Pleas	e <u>underline</u> surname)		
Correspondence Address:					Photo
Permanent Address:			Tel No :		
			Handphone No:		
			Email Address :		
Date of Birth: / /	Languages spoken:	Nationality:	Skype ID :  NRIC/Passport No:		
(DD/MM/YY)	Languages spoken.	Nationality.	NNIC/Passport No.		
Gender:	Languages written:	Race:	Marital Status:		
□Male □Female			No. of Children:		
OTHER INFORMATION:					
(a) Have you ever suffered fr	om any physical disability, ii	njury or any physic	cal/mental illness?		
YES / NO If YES, please	elaborate:				
(b) Have you ever been disch	arged from any previous em	ployment due to i	misconduct?		
YES / NO If YES, please	elaborate:				
(c) Have you ever been arres	ted for violation of any law ,	/ conviction of any	v 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/Colle	ge	Principal Subject of Major/Minor	or	Type of Degree & Class or Grade Point Average
From:					
То :					
From:					
To :					

From:		
To :		

5. HIGHER SECONDARY SCHOOL EDUCATION – HSC/STPM/GCE 'A' LEVEL					
Dates (From/To)	School		Grades Obtained		
From: To:					
	OL EDUCATION – MCE/SPM/GCE 'O' LEVEL				
Dates (From/To)	School		Grades Obtained		
From: To:					
7. PROFESSIONAL, TE	ACHING AND OTHER QUALIFICATIONS				
Dates (From/To)	Professional Boo	ly	Type of Membership		
From: To:					
From: To:					
From: To:					
8. IF APPLYING FOR T	HE POST OF TEACHER, PLEASE SPECIFY SUB	JECTS YOU ARE ABLE TOTEA	ACH:		
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 HI	STORY (Starting from current)				
Dates	Organization	Position	Reason for Leaving		
From:	Name:				
	Address:				
То:		Monthly Salary			
	Tel. No:				
Brief description of your work and responsibilities:					

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:	Name:				
	Address:				
To :			Monthly Salary		
	Tel. No:		iviolitilly Salary		
Brief description of your work and responsibilities:					
12. MAJOR SOCIAL, LEISURE AND SPORTING ACTIVITIES AND ACHIEVEMENTS					
13. REFERENCES					
	Company &	Years			
Name	Designation	Known	Email Address	Tel. No.	
a.					
b.					

c.

	e this section to elabonsideration of your ap		er pages and to provid	e any other information you regard	as helpful for our
	DECLARATION BY AP	PLICANT:			
<ol> <li>2.</li> </ol>	and I understand that any false and/or misleading information given by me may result in termination of my employment at HELP.				employment at HELP. to verify my academic
3.	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.	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 itsauthorized representatives as deemed fit by HELP.				
5.	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				
6.	· -	e persons and for propertie de by all the rules and regu	•	nission of any materials through ema	alis by its employees.
7.	=			I non-disclosed agreement which wil	I be effective from the
,,		and shall survive termination	· ·	Then disclosed agreement which wh	The effective from the
Applicant's Signature:			Date:		
		F	OR OFFICE USE	ONLY	
_	erview Comments & commendation (please	e tick the relevant checkbo	x)	Interviewer	Date
	☐ Appoint	☐ Reject	□ KIV	Name:	
	☐ Appoint	☐ Reject	□ KIV	Name:	
	☐ Appoint		□кі∨	Name:	