



Kino Biotech
康樂生技

KINO BIOTECH PTE LTD (Co Reg No. 200300630N)

12 Tai Seng Street #06-03, Luxasia Building Singapore 534118

Tel : (65) 6281 3888 Fax : (65) 6746 7333

Website : www.kinobiotech.com

Please
Attached
Recent
Photograph
of Applicant

IMPORTANT :

Please write clearly, correctly and completely in your handwriting and in BLOCK LETTERS.
FALSE information or suppression of material facts will render you liable to disqualification.
Please attach a copy of resume, identity card, relevant certificates and documents.

A) APPLICATION FOR EMPLOYMENT AS _____

Full Name (as in NRIC) : Mr/Mdm/Miss	Chinese Characters/Alias Name (if applicable) :
F.I.N No. : (For non Singaporean)	NRIC No. : Colour :
Residential Address : Postal Code :	Tel No. Hse : H/P : Off :
Correspondence Address : Postal Code :	Date of Birth : Place of Birth : Age :
Sex : Race : Citizenship :	Dialect : Religion : Marital Status :
	Height : Weight : Hobbies :

Knowledge of Languages :

Spoken :			Written :				
English	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	English	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Malay	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Malay	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Mandarin	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Mandarin	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Others :	_____			Others :	_____		

B) FAMILY PARTICULARS (Please provide particulars of parents, brothers, sisters, spouse, children etc, where applicable)

Name	Sex	Relationship	Age	Occupation

If married, please provide particulars of spouse.

Name (as in NRIC) :	NRIC No. :
Name and Address of Employer :	Occupation :

IN CASE OF EMERGENCY, to contact :	
Name :	Relationship :
Address :	Tel No. Hse :
	H/P :
	Off :

C) EDUCATION QUALIFICATIONS :

School Attended (Academic/Vocational/Technical)	Year	Highest Standard Passed/Grade Achieved

D) EMPLOYMENT HISTORY :

Name Of Employer	Employment Period	Position Held	Basic Salary Drawn		Reason For Leaving
			Start	End	

E) MEDICAL HISTORY :

Have you ever had or been treated for any illness, under continuous medical treatment, undergone surgical operation or advised to do so ? YES NO

If 'YES' , please give complete details below :

Date	Type Of Illness/Treatment/Surgical	Present Condition

- I AM suffering from the following chronic disease (please tick in the appropriate box)
- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Skin Disease |
| <input type="checkbox"/> Others, please specify : | |

I am NOT suffering from any of the diseases mentioned above.

I am prepared to undergo a medical check-up if the need arises at any point of pre or upon employment.

Yes No

F) PERSONAL REFERENCE :

Do you have any friends or relatives working here? If yes, please provide the following details :

Name : _____ Relationship : _____ Position : _____

Have you ever been terminated or suspended in your previous employment? Yes No

If 'Yes', please give full details. When : _____

Why : _____

This question is for Sales Personnel position only.

Are you being blacklisted & prohibited entry at any retail outlets, departmental stores or shopping complexes?

If 'Yes', please give full details.

Yes No

Are you in default or arrears on repayment of any debt?

If 'Yes', please give full details.

Yes No

Have you ever been arrested, indicted or convicted?

If 'Yes', please give full details.

Yes No

Do you hold a valid driving licence?

Yes No

Do you own a car?

Yes No

Are you pregnant? (for female applicant only)

If 'Yes', _____ months, expected date of delivery _____

Yes No

Expected salary : SGD _____

If selected, when will you be able to commence employment? _____

G) DECLARATION

I declare that the above informations are true and accurate to the best of my knowledge. I understand that any misrepresentation, omission or any false statements made by me on this application will be sufficient grounds for immediate termination.

Signature Of Applicant : _____

Date : _____

H) FOR OFFICE USE ONLY

Interviewer's Comments :

Interviewed By : _____

Approved By : _____

Name : _____ Date: _____

Head of Department : _____ Date: _____

Accepted

Rejected

K I V

Candidates Salary Package (Please attached together their job duties & responsibilities) :

Position/Designation : _____

Date Of Commencement : _____

Basic Salary : _____

Other Allowances : _____

I) FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Comments :

Received Date :

Notice By : _____

Capabilities Development Director