



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. Last 4 Digits : (For non Singaporean)		NRIC No Last 4 Digits. : Colour :	
Email Address :			
Residential Address :		Tel No. Hse :	
Postal Code :		H/P :	
		Off :	
Sex :	Dialect :	Date of Birth :	
Race :	Religion :	Place of Birth :	
Citizenship :	Marital Status :	Age :	
Hobbies :			

Knowledge of Languages :

Spoken :

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"/>
Mandarin	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

Others : _____

Written :

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"/>
Mandarin	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

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 : _____ Address : _____	Relationship : _____ Tel No. Hse : _____ H/P : _____ Off : _____
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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 : _____

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? _____

Signature Of Applicant : _____

Date : _____

G) 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 : _____

H) FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Comments :

Received Date :

Notice By : _____

Managing Director, Singapore

I) Job Application Privacy Notice

1) Kino Biotech (The Company), collects the presented Personal Data that you knowingly and voluntarily provide in the course of or in connection with your employment or job application with us.

2) The Personal Data collected in this job application form is used by the Company for the purposes of:

2.1.) Assessing and evaluating your suitability for employment in any current or prospective position within the Company

2.2.) Verifying your identity and the accuracy of your personal details and other information provided, thereafter, for the purpose of expediting the process of issuing a legal work permit, and/or presenting an accurate, legal offer of employment

3) The Consent provided by **the Candidate (You)** to collect, use and process provided personal data will remain valid until such a time where it (Your Consent) is withdrawn by you in writing. You may withdraw consent by

3.1) Sending an official email to **DPO@kinobiotech.com** or

3.2) by mail with an **official letter bearing your signature** deliverable to 12 Tai Seng Street, LUXASIA #06-03, Singapore 534118 (Attn: HR Department)

4) Do note that such requests will require the further temporal collection of personal data in order to authenticate your identity

J) Declaration and Consent

1) I, the Candidate, declare that the provided personal data is true and accurate to the best of my knowledge. Furthermore, I understand that any misrepresentation, omission or false statements made by me in the provided Personal Data will be sufficient grounds for immediate termination.

2) I, the Candidate, by signing this document hereby acknowledge that I have read, understood and hereby, **consent** to the **collection, use and processing** of your personal data by the Company for the purposes stated above **(Section I, 2)**

Signature Of Applicant : _____

Date : _____