

KINOFY PTE LTD (*Co Reg No. 201319266K*) 12 Tai Seng Street #06-03, Luxasia Building Singapore 534118 Tel : (65) 6390 3535 Fax : (65) 6746 7333 Website : www.kinofy.com

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. Please Attached Recent Photograph of Applicant

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 :
		H/P :
Postal Code :		Off :
Sex : Race :	Dialect : Religion :	Date of Birth :
Citizenship :	Marital Status :	Place of Birth : Age :
Hobbies :		
Knowledge of Languages :		
<u>Spoken :</u> English Fair Good	Excellent English	Excellent
Malay Fair Good	Excellent Malay	Fair Good Excellent
Mandarin Fair Good	Excellent Mandari	n Fair Good Excellent
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 :	Relationshi	ip :
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	Position	Basic Salary Drawn		Reason For Leaving
	Period	Held	Start	End	

E) MEDICAL HISTORY :

Have you ever had or	been treated	for any illness	s, under co <u>nti</u>	inuous medical	treatment,	undergone surgical o	peration
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 i	n the appropiate box)

Asthma	Parl	kinson's Disease		
High Blood Pressure	Acq	uired Immune Deficiency	v Syndrome (AIDS)	
Diabetes	Chr	onic Skin Disease		
Others, please specif	y :			
I am NOT suffering	from any of the diseases mention	ed above.		
I am prepared to undergo a medical ch	neck-up if the need arises at any p	oint of pre or upon empl	oyment.	
Yes	No			
F) PERSONAL REFERENCE :				
Do you have any friends or relatives w	orking here? If yes, please provide	e the following details :		
Name :	Relationship :	Position :		
Have you ever been terminated or sus	pended in your previous employm	ient?	Yes	No
If 'Yes', please give full details.	When :			
Why :				

Are you being blacklisted & prohibited entry at any retail outlets, departr If 'Yes', please give full details.	mental st Yes	ores or shop	ping complexes?	
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 :		Dat	te :	

G) FOR OFFICE USE ONLY			
Interviewer's Comments :			
Interviewed By :		Approved By :	
Name :	Date:	Head of Department :	Date:
Accepted	Rejected	κιν	
Candidates Salary Package (Please at	tached together the	eir job duties & responsibilities) :	
Position/Designation :			
Date Of Commencement :			
Basic Salary :			
Other Allowances :			
H) FOR HUMAN RESOURCES DEPAR	TMENT USE ONLY		
Comments :		Received Date	:
Notice By :			
Managing Director, Sir	ngapore		

I) Job Application Privacy Notice

1) Kinofy (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 :