



**The Muslim Converts' Association of Singapore  
(Darul Arqam Singapore)**

32 Onan Road The Galaxy Singapore 424484  
Tel: (65) 6348 8344 Fax: (65) 6440 6724

**APPLICATION FOR EMPLOYMENT**

POST(S) APPLIED FOR :		Recent Photograph of Applicant	
Expected salary if offered appointment :			
Earliest date available if offered appointment :			
<b>PERSONAL PARTICULARS</b>			
Full Name (Mr/Mrs/Mdm/Miss)			
Home Address		Home Tel : Office Tel : Pager No :	
Postal Address (if different from home address indicated above)		Handphone No : Fax No : E-mail :	
Citizenship	Country of Birth	Date of Birth / Age	
<b>Identity Card</b> No: Place of issue: Colour : Pink / Blue Type : Singapore / Malaysia	<b>Please indicate whether Permanent Resident of Singapore</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state Entry Permit No.	<b>Passport</b> (Not applicable to Singaporeans, Malaysians/Singapore Permanent Residents) No: Place of Issue:	
<b>Marital Status</b> (Please tick ✓ where appropriate) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Ethnic Group</b> <b>Religion</b>	
<b>EDUCATION</b> (List schools/institutions/universities attended. Please attach relevant copies of certificates/transcripts)			
From	To	Schools/Institutions/Universities attended	Highest Standard Passed

**Other qualifications relevant to the position you are applying for**

Qualifications	Date obtained	Awarding Institution

If you are at present attending course(s) and have yet to sit for any examination, give details of course/examination; Institution; date of examination:

**Languages** (Please state languages and proficiency level i.e. excellent, good, fair, poor.)

Written :

Spoken :

Do you have any relative or friend presently working in the Association? Yes / No  
 Do you have any relative or friend presently [who is in the](#) Executive Committee or Council of the Association? Yes / No  
 If yes, please give details below

Name	Appointment	Department	Relationship

**EMPLOYMENT HISTORY**

**A. Present Appointment**

Post	Date Joined
Name of Organisation / Employer	Gross monthly salary
Address of Organisation / Employer	Reason for intended change of employment

**Previous Appointments** (Please list in chronological order)

Date of Joining		Date of Leaving		Position Held	Organisation's / Employer's Name and Address	Last Drawn Gross Salary
Month	Year	Month	Year			
Reason for Leaving						
Reason for Leaving						
Reason for Leaving						

May we write to the following for a reference?

(a) Your present employer  Yes  No

(b) Your previous employer(s)  Yes  No

**Character Referees** (Name 2 persons who are not your relatives)

Name	Occupation	Years known	Address

**NATIONAL SERVICE LIABILITY**

Liable / due on : \_\_\_\_\_ / \_\_\_\_\_ Vocation : \_\_\_\_\_ Rank Held : \_\_\_\_\_  
 Exempted

**OTHER INFORMATION**

**Family background (please give details of your family members: spouse, children and parents)**

Relationship	Full Name	Date & Place of Birth	Citizenship	Occupation

**Please answer the following questions. If the answer is 'Yes', give details on a separate sheet of paper.**

1. Do you have a criminal record? Yes / No
2. Have you ever been dismissed, discharged or suspended from employment? Yes / No
3. Have you ever had, or are you suffering from any
  - physical impairment? Yes / No
  - disease? Yes / No
  - mental illness? Yes / No
  - medical condition? Yes / No
4. Have you ever submitted an application to the Association for an appointment before? Yes / No

If Yes – Previously Applied Position \_\_\_\_\_ Date of Application: \_\_\_\_\_

**DECLARATION**

I declare that the information given above is complete, true and accurate. Any false particulars or suppression of materials facts will render me liable to disqualification and if appointed, to dismissal without notice from the Association.

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Date

**Notes:**

- Please complete all fields
- Delete whichever is not applicable

**FOR OFFICIAL USE**

**Interviewer's Comments and Remarks:**

Applicant : Suitable / Not Suitable\*

Applicant to replace : \_\_\_\_\_ / fill a new position \_\_\_\_\_

Category : Executive / Non – Executive\*

Starting Salary : \_\_\_\_\_ Date of Commencement : \_\_\_\_\_

**Name of Interviewer**

**Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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