



# 巴黎國際海鮮百匯連鎖餐廳 PARISS INTERNATIONAL SEAFOOD BUFFET RESTAURANT

## APPLICATION FORM

Post Applied For :	Outlet :
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### **PARTICULARS**

Name	English :	NRIC No. :
	Chinese :	Passport No. :
Marital Status :	Nationality / Race :	
Date of Birth :	DD / MM / YYYY	Gender : <b>MALE / FEMALE</b>
NS :	Yes / No / NA / Exempted / Others	Religion :
Address In Singapore :	Contact No.	Home :
		Mobile :
Address in Country of Origin :	Contact No.	Home :
		Mobile :
In case of emergency, person to contact:		
Name :	Contact No. :	
Address :	Relationship :	

### **EDUCATIONAL LEVEL**

Name of Institution	Period of Study (MM/YY)		Highest Qualification Obtained
	From	To	

### **WORK EXPERIENCE**

Name of Company	Period of Stay		Position Held	Salary	Reason(s) for Leaving
	From	To			

### **FAMILY BACKGROUND**

Name	Age	Relationship	Occupation

**LANGUAGE & SKILLS / ABILITIES**

Language	Listen	Speech	Write
English	Good / Average / Poor	Good / Average / Poor	Good / Average / Poor
Chinese	Good / Average / Poor	Good / Average / Poor	Good / Average / Poor
Dialects: _____	Good / Average / Poor	Good / Average / Poor	NA
Others: _____	Good / Average / Poor	Good / Average / Poor	Good / Average / Poor
Computer Abilities :			
Other Skills :			

**INTERESTS**

Interest/ Hobbies :	
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**PERSONAL FACTS/ BACKGROUNDS**

1. Any past criminal records? If yes, please state:	
2. Health Condition: Good / Average / Other illness: (Please state)	
3. Others (Any other matters to declare)	
Able to start work on	Expected Salary (S\$)
DD / MM / YYYY	

**DECLARATIONS**

I confirm that the above information provided by me is true and correct. I understand that any discrepancies or false information declared will result in immediate termination. I will also be responsible for all liabilities and losses that has occurred due to any misrepresentation stated in the application form.	
Signature:	Date:

**FOR OFFICIAL USE ONLY**

Comments:			
Appearance	Speech	Experience	Others
Conclusions: : Employed / KIV / Rejected / Other Posts/ Dept: _____			
Any other remarks :			
Date of Commencement	: DD / MM / YYYY		
Starting Salary	:	Allowances:	Punctuality :
		Duty	:
Probation Period	:	Months	Medical :
Name and Signature of Interviewer:		Date:	