



EMPLOYMENT APPLICATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY.

1. This form is to be completed in block letters.
2. Do not leave any item blank. If it is not applicable to you, indicate 'N.A.'.
3. For those items accompanied by an *, please circle the appropriate item.
4. False particulars or wilful suppression of material facts will render you liable to disqualification, or, if appointed, to dismissal and/or appropriate legal proceedings.
5. SIA does not enter into correspondence with regard to the reasons for non-selection of candidates.
6. This form has been designed to provide us with your basic information for processing of your application for employment with us. It also serves as our personal record should you be employed.

POSITION APPLIED	Cabin Crew							
State Advertisement Medium (Please Tick)	<input type="checkbox"/> singaporeair.com <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Whatsapp <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Career Fairs <input type="checkbox"/> Others (Please Specify): _____							
A FULL NAME & NATIONALITY IN BLOCK LETTERS (Underline surname/ family name)	Name				NRIC NO. AND OFFICIAL REF.		For Non Singapore Citizens, Passport/ Identity Card No:	
					Pink/Blue*		Country of Issue:	
B ADDRESS AND CONTACT NUMBER	Residential Address						Home Tel	
	Postal Address (if different from above)						Handphone No	
	E-mail Address (Compulsory)						Office Tel	
C HEIGHT	Height (in metres)							
D EDUCATIONAL QUALIFICATIONS *: Please delete accordingly	GCE 'O'/ SPM*				GCE 'A'/STPM*			
	Name of School:				Name of School:			
	Year of Graduation:				Year of Graduation:			
	Subject (Indicate All Subjects)	Grade	Subject	Grade	Subject (Indicate All Subjects)	Grade	Subject	Grade
	English							
Degree/Diploma/Other Higher Qualification(s) Name institution(s) and date(s) obtained					Foreign Languages (Please specify written or spoken)			

E DETAILS OF PRESENT EMPLOYER (WHERE APPLICABLE)	Name of Company	Current Position	Period with Company		Present Salary		Reason for wanting to leave	
			From Mth/yr	To Mth/yr	Basic	Allowances		
F AVAILABILITY	Please state notice period required							
G DETAILS OF NATIONAL SERVICE (WHERE APPLICABLE)	Please circle the appropriate number			Rank/ ORD Date		PES Status		
	1 Completed full-time 2 Not liable for full-time (Please specify reason) 3 Currently serving 4 Others (Please specify)			Vocation/ Unit Attached to		Remarks (if any)		
				Enlistment Date				
H ANSWER THE FOLLOWING QUESTIONS BY INDICATING (✓) IN THE APPROPRIATE BOX. IF "YES" GIVE DETAILS IN THE RIGHT HAND COLUMN.						YES	NO	DETAILS (where applicable)
1. Have you ever been charged with any offence or convicted by any Court or detained by the authorities under the provisions of any law in any country? (Important: Please note you must give full details of any charges made against you even if you were eventually acquitted by the Court).								
2. Has any bankruptcy action ever been taken against you?								
3. Has any Court judgment or order ever been made against you ordering you to pay a debt to someone?								
4. Have you signed a promissory note or an acknowledgement of indebtedness for which the amount pledged has not already been fully repaid?								
5. Have you ever been employed in any capacity with SIA, its predecessors or its subsidiaries? Give designation, period of employment and reason for leaving.								
6. Have you applied on any previous occasions for employment in any capacity with SIA? Give date and position applied for.								
7. Do you have any relatives who are currently employed by SIA? If yes, please give designation, name and relationship.								
8. Are you involved in any business undertakings? (e.g. Directorship, Partnership, etc.)								
9. Have you suffered from any mental or physical illness for which you have received medical treatment? (e.g. diabetes, tuberculosis, epilepsy, asthma, etc.)								
10. Are you confident to swim with a life jacket?								
11. Have you any tattoos on your face, neck, hands, lower arms and lower legs?								
12. Are you currently wearing any dental braces? If yes, please state expected date of removal. (Please note that you will be required to remove your braces before training commences if your application is successful).								
I DECLARATION								
<p>By submitting this form, I declare that all the information provided in this application for assessing my suitability for employment is true to the best of my knowledge and that I have not wilfully withheld any relevant particulars. This declaration, shall, if I am employed by the Company, be part of my contract of service. I accept that if any of the information given by me in this application for employment is in any way false, or incorrect, the Company shall have the right to reject my application, withdraw any offer of employment or dismiss me without notice and without assigning any reason.</p>								
Signature: _____						Date: _____		