

# FIRST CAPITAL INSURANCE LIMITED

## APPLICATION FOR EMPLOYMENT

Photo

### POSITION

Position Applied For

Possible Date of Commencements

Salary Expected

### PERSONAL PARTICULARS

Name

Sex

Home Address

Home Tel No.

Mobile No.

Place of Birth

Date of Birth

Citizenship

Race

NRIC / Passport No.

Marital Status

### FAMILY PARTICULARS

(Please provide the following details of your spouse and your children, if applicable)

Name

Relationship

Date of Birth

Occupation

Name & Address of Employer

### EDUCATION AND PROFESSIONAL QUALIFICATIONS

Name of School/College/University

Certificate/Diploma/Degree/Professional  
Qualification Attained

Year Attained

**EMPLOYMENT HISTORY**

(List current or, if unemployed now, last employer first)

Date		Name & Address of Employer	Position Held	Basic Salary		Reason For Leaving
From	To			Starting	Last Drawn	

**COURSES / TRAINING & INSTITUTIONAL MEMBERSHIP**

Courses / Training Attained	Courses / Training Currently Attending	Professional Membership

**LINGUISTIC ABILITY**

Languages you can speak	Languages you can write

**LEISURE ACTIVITIES**

Hobbies, sports and other interests	Membership of societies/clubs and offices held, if any

**OTHER INFORMATION**

Do you have a friend / relative working in the Company or the Group?  
(If yes, state name, relationship and in which company) Yes / No

Have you ever been charged and / or convicted in any Court of Law?  
(If yes, please give details) Yes / No

**MEDICAL AND PHYSICAL STATUS**

Have you suffered from or are you currently suffering from any medical condition? Yes / No  
 (If yes, please give details)

Are you suffering from any physical disabilities? Yes / No  
 (If yes, please give details)

**REFERENCE**

(List two referees, preferably you ex-or present supervisors or colleagues)

Name & Address	Telephone	Occupation	Years Known

**DECLARATION**

I declare that the information given in this application is true and accurate. I understand that any misrepresentation of facts given herein will be sufficient cause for dismissal from the company's service if employed. Enclosed are copies of my educational/professional qualification/certificate/diploma/degree and/or appropriate recommendation letters.

\_\_\_\_\_  
 Name & Signature of Applicant

\_\_\_\_\_  
 Date

**FOR OFFICE USE**

	Name	Comments / Signature / Date
Interviewed By		
Further Interviewed By		
Job Title	Division / Department	
Grade	Salary per month	
Commencement Date	Other Remarks	
Recommended for Employment By	Approved By	
_____ Name & Signature	_____ Name & Signature	