

edufarm Edufarm Learning Centre

Tuition & Enrichment Mailbox 889023 Singapore 919023 Tel: 6729 0210: Fax : 67782860

Section 1: Your Specialties	Please attached recent Photograph of yourself to the Mail (Compulsory)		
1 Position Applied For :	2 Subjects you can teach (No.2-5 applicable for tutors Only)	
3 Location you can teach :	4 Rates	5 Timing	

Section 2: Personal Particulars

6 Name		7 NRIC/ FIN/ Passport No.		8 Country of Issue		
9 Residential Address			10 Tel No.		11 Handphone/ Pager No.	
Singa	apore Postal Code()				
12 Age 13 Place of Birth/ Date of Birth		14 Sex14a. Appointment/Rank15 Citizin NS (For Males)		15 Citizenship		
16 Current Place of St	udy & faculty / Working	17 Email Addr	ress	18 Religion	n 19 S'por	re PR? [] Yes [] No
20 Martial Status (plea	ase underline): Single	Married Se	eparated Divorced	Widowed		
21: Contact numbers in	n case of emergency (Co	mpulsory to fil	l in)			
Father's name:			Handphor	ne number: _		
Mother's name:			Handphor	ne Number: _		· · · · · · · · · · · · · · · · · · ·
Spouse's name:			Handpho ^r	ne Number: _		

Section 3: Education Particulars in Chronological Order **

22 Year of Attainment	23 Qualification Attained	24 Name of School/ College/ University Attended	Grades/Distinctions

** (Please attach scanned copy of your educational certificates/ECA records if you have any of them in digital format.

25 Year 26 27 Employer Information & Address Office Contact No Joined (Begin from the latest employer) То From 1. 2. 3.

Section 4: Current Employment Information **

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4.		
5.		

Section 5: Other Tutoring Experiences

	Section 5. Other Futoring Experiences					
28 Period of Employment		29 Name of school & Levels and subjects taught	Gross Salary			
From	То	Or Other Working Experiences	(Basic Salary+CPF)			
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* (Mark 'X' where appropriate)

Family background (compulsory to fill in)					
	Full Name	Age	Contact Number	Occupation	Company/School
Father					
Mother					
Spouse					
Sibling					
Child					

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MEDICAL & PERSONAL DECLARATION		
Please tick the appropriate box (The information declared will not automatically disqualify applicants from being sho	<u>rtlisted)</u>	
 Are you a member of any of the People's Association's Grassroots Organisations 	🗌 Yes	🗌 No
 Have you ever been charged or convicted in a court of law in Singapore or any country 	🗌 Yes	🗌 No
3) Have you ever suffered, or is suffering from any medical history of pulmonary, nervous or mental health conditions, prolonged ill health, or impediment in speech or hearing or any physical impairment or such other contagious or potentially contagious disease not herein stated?	☐ Yes	🗌 No
4) Have you ever been suspended, discharged or dismissed from the services of any employer?	🗌 Yes	🗌 No
If your answer is "Yes" to any of the above, please provide brief factual information and documer	nts (where re	levant)

Character References (Name 2 persons who are not your relatives)					
Name	Occupation	Years Known	Contact No		

I hereby declare that all the particulars given in this application are true to the best of my knowledge and belief and I have not wilfully suppressed any material fact.

Signature of Applicant

Tuition & Enrichment

Date

Notes:

False particulars or suppression of material facts will render you liable to disqualification and if appointed, to dismissal and/or appropriate legal proceedings.