



Position Applied For:  
 .....  
 Expected Salary:  
 .....

Attach recent photo here (2 photos)

## JOB APPLICATION FORM

\* Delete where appropriate

### Section 1: PERSONAL DETAILS

Full Name as in NRIC/ Passport (\*Mr/Mrs/Ms/Others): .....  
PLEASE UNDERLINE SURNAME

Chinese or Other Name (if applicable): .....

Gender: \*Male / Female Identification No: ..... Nationality: .....

Date of birth: ..... / ..... / ..... Marital Status: \*Single/ Married/ Others  
DAY MONTH YEAR

Residential Address: .....  
 .....  
 ..... Postal Code: .....

Contact Information: ..... (Home) ..... (Mobile)  
 ..... (Office) ..... (Fax)

Email:

### Section 2: FAMILY DETAILS

The following information serves as a point of contact in the event of an emergency.

Full Name (\*Mr/Mrs/Ms/Others): ..... Relationship: .....  
PLEASE UNDERLINE SURNAME TO APPLICANT

Address: .....  
 ..... Postal Code: .....

Contact Information: ..... (Home) ..... (Mobile)  
 ..... (Office) ..... (Fax)

Email:

### Immediate Family

Relationship <input checked="" type="checkbox"/> Parents <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Siblings	Full Name	Occupation	Contact Information
			.....(Home) .....(Office) .....(Mobile)
			.....(Home) .....(Office) .....(Mobile)
			.....(Home) .....(Office) .....(Mobile)
			.....(Home) .....(Office) .....(Mobile)

**Section 3: MEDICAL HISTORY**

\* Delete where appropriate

Are there any health or medical conditions the company should be aware of? \*Yes / No

If 'Yes', kindly provide details below.

.....  
.....  
.....

**SECTION 4: PERSONAL STATEMENT IN SUPPORT OF APPLICATION**

Please ensure this section is completed fully. Include strengths in relation to the position applied for and also career plans in the next 5 years.

**Continue on a separate sheet if necessary.**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**DECLARATION.** I confirm that the information given in this form or as attachments is true, complete and accurate to the best of my knowledge. I accept that this application or any subsequent employment opportunity offered may be withdrawn by Spa & Wellness Academy Pte. Ltd. if in the future the information provided proves to be false.

Signature of Applicant ..... Date .....

Please attach your resume, and only complete the following sections if any information required here is not found on your curriculum vitae.

### Section 5: EDUCATIONAL QUALIFICATIONS

Please list in chronological order all academic studies completed, whatever the result, plus any studies currently being pursued. Please attach a copy of your certificates.

Period of Study		Name of Institution (School, College, University)	Highest Academic Qualification Attained
From (e.g. Jan 2000)	To (e.g. Dec 2000)		

### Professional or Other Qualifications

Period of Study		Name of Institution	Qualification Awarded
From (e.g. Jan 2000)	To (e.g. Dec 2000)		

### Language Proficiency

Please list other languages in the blanks provided below and \*delete where appropriate

Language	Written	Spoken
English	* Excellent / Good / Average / Fair	* Excellent / Good / Average / Fair
	* Excellent / Good / Average / Fair	* Excellent / Good / Average / Fair
	* Excellent / Good / Average / Fair	* Excellent / Good / Average / Fair
	* Excellent / Good / Average / Fair	* Excellent / Good / Average / Fair
	* Excellent / Good / Average / Fair	* Excellent / Good / Average / Fair

## Section 6: EMPLOYMENT HISTORY

Please list details of any work experience and attach a CV or summary providing more details.

Period of Employment		Name of Organisation	Position Held (Full or Part-Time)	Nature of Duties	Reason(s) for Leaving
From (e.g. Jan 2000)	To (e.g. Dec 2000)				

## Section 7: REFERENCE

Please provide details below of referees whom we may approach for references.

Name of First Referee: ..... Contact No.: .....

Organisation: ..... Designation: .....

Address .....

..... Postal Code: .....

Email

Name of Second Referee: ..... Contact No.: .....

Organisation: ..... Designation: .....

Address .....

..... Postal Code: .....

Email

**Please return completed application form with 2 recent passport-sized photos to:**

The Spa and Wellness Academy Pte Ltd  
 161 Lavender Place, #04-04 Lavender Place, Singapore 338750.  
 Tel: 6296 2468 Fax: 6296 0520 Email: [academy@spawellness.com.sg](mailto:academy@spawellness.com.sg)