



APPLICATION FOR EMPLOYMENT

Note:

- (a) This form is to be completed and returned to the Human Capital Department. If the space provided is insufficient, please attach separate sheets and indicate your name on each additional page attached.
- (b) Please attach photocopies of all relevant educational, academic and professional certificates and transcripts, testimonials and certificates of service etc. upon request.
- (c) Complete each item in the form which applies to you and insert the words 'NIL' or 'NA' against items which do not apply. Delete accordingly for items accompanied by an asterisk (*).

POSITION APPLIED:

How did you find out about this job opening?

SATS Website LinkedIn Career / Job Fairs Jobstreet Fastjobs Newspaper Staff Referral Others

If Staff Referral: Name: Staff No: Contact No:

If Others: (please specify):

PERSONAL PARTICULARS

Full Name: *Dr / Mr / Ms / Mdm

Name in Chinese Characters (if applicable):

Permanent Address:

Correspondence Address (if different from above):

Tel Nos Home: Office: Mobile:

Email Address: Nationality: PR: *Yes/ No/ NA Issue Date:

Languages - Written: Spoken:

Date of Enlistment (for NS men only):

EMPLOYMENT HISTORY (To include vacation employment for school leavers)

Name of Employer	Position	Period		Salary		Reason for Leaving
		From (mmyy)	To (mmyy)	Start	End /Current	

May we contact your employers for references? Yes No

Have you previously worked in any of the SATS Group of Companies? *Yes No *(If "Yes", please choose from the list below)

SATS Ltd SATS Asia Pacific Star SATS Aerolog GTRSG SATS PPG SATS Seletar Aviation Services SATS Food Services

Primary Industries Country Foods SATS DN SATS Aero Laundry

Have you previously applied to us? *Yes No

Are you related to any of our existing employees? *Yes No

Are you related to any of the Directors of SATS? *Yes No

Is your existing employer a customer / client / partner of SATS? *Yes No Unsure

Does your existing employment contract require you to make any payment if you join us? *Yes No

Do you have any involvement in any other business undertaking (e.g. Partnership, Director)? *Yes No

Do you have any immediate family member(s) working with our competitor(s) (e.g. dnata)? *Yes No

If your answer is "Yes" to any of the above questions, please elaborate below:

REMUNERATION / EMPLOYMENT DATE

Last Drawn / Current Basic Salary: S\$ Per Month S\$ Per Annum

Expected Salary: S\$ Per Month S\$ Per Annum

Is the above salary inclusive of any employer provision of statutory provident contribution? *Yes No

Date available for employment:



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EDUCATION / PROFESSIONAL QUALIFICATIONS

School / College / Polytechnic / University / Professional Institution	From (mmyy)	To (mmyy)	Highest Qualification Attained

PROFESSIONAL MEMBERSHIP / EXTRA-CURRICULAR ACTIVITIES

Club / Society	Position	From (mmyy)	To (mmyy)	Level of Participation (e.g. National, School)

FAMILY PARTICULARS (Spouse, Children OR Parents, Siblings)

Name	Relationship	DOB	Occupation	Name of Employer

Name of Next of Kin:

(To be contacted in the event of an emergency)

Tel No.:

Relationship:

DECLARATIONS

I do not suffer from any physical impairments or chronic illness. True *False

I have not been convicted for a criminal offence in a court of law. True *False

I have not been put in a situation of financial embarrassment True *False

I am fully vaccinated against COVID-19 (Definition in accordance to MOH Guidelines¹) True False *(If True, please provide the following information)

Name of COVID-19 Vaccine

Date of 1st Dose

Date of 2nd Dose

Booster Type

Booster Dose Date

If your answer is "False" to any of the above, please elaborate below:

I declare that the information furnished in this application form is true and correct to the best of my knowledge and belief, and that I have not willfully suppressed any fact(s). If any information given herein is subsequently found to be incorrect, incomplete or false, I render myself liable for dismissal. Any offer of employment, verbally or otherwise, will also be nullified.

I also authorize the company to submit the said information to any person, firm, corporation, body, bureau, Police or Government authority for the purpose of any investigation or verification which the company deems necessary to make with reference to my employment, conduct or other details relevant to this application.

I shall not hold the company responsible for any liability, demand, claim, suit, proceeding, costs and expenses of any nature arising from the release of such information as aforesaid.

By submitting this application form, I agree that my personal data may be collected, used and disclosed by SATS and its affiliates, service providers and agents for the purposes of processing my application, including evaluation of my suitability, conducting background checks, and contacting me regarding my application.

I warrant that where I have disclosed personal data of individuals (e.g. family members, relatives, friends or referees) to SATS and its affiliates, service providers and agents in connection with this application, I have obtained the prior consent of such third parties for SATS and its affiliates, service providers and agents to collect, use and disclose for the above purposes, in accordance with any applicable laws, regulations and/or guidelines. I also acknowledge that in the course of the collection, use and disclosure described above, relevant personal data may be transferred outside of Singapore.

Signature of applicant:

Date:

1. <https://www.moh.gov.sg/covid-19/vaccination>