

POST APPLIED FOR: <input type="checkbox"/> FULL-TIME TUTOR <input type="checkbox"/> PART-TIME TUTOR <input type="checkbox"/> RELIEF TUTOR <span style="float: right;">(PLEASE ✓)</span>			
SUBJECTS & LEVELS: (E.G. MATH, SECONDARY 1 – 4)			
SUBJECT	LEVEL (S)	SUBJECT	LEVEL (S)
1.		2.	
3.		4.	
<b>PERSONAL DETAILS</b>			
Title and Full Name as in Passport/Identity Card ( <i>underline Surname/Family Name</i> ): Dr / Mr / Mrs / Mdm / Miss / Ms			
Postal Address:          Home Address ( <i>if different from Postal Address</i> ):		Telephone Nos.:  (Mobile) <span style="margin-left: 150px;">(Home)</span>  E-mail Address:   Nationality:  Singapore Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth(DD/MM/YYYY):	Country of Birth:	<b>For Singapore / Malaysian Citizens and Singapore PRs only</b> Identity Card No.: <span style="float: right;">Colour: <input type="checkbox"/> Pink</span>  Old Identity Card No.: <span style="float: right;"><input type="checkbox"/> Blue</span> <i>(For Malaysian Citizens Only)</i>	
Ethnic Group:	Religion:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female    Marital Status: Single / Married / Divorced / Widowed / Separated Passport No.: <span style="float: right;">Date of Issue:</span> Place of Issue: <span style="float: right;">Date of Expiry:</span>	
<b>EMERGENCY CONTACT</b>			
Name:		Contact No.:	
Relationship:			





DECLARATION	
1. Have you ever suffered or are you suffering from any physical impairment, disease or mental illness?	
2. Do you have a criminal record in Singapore?	
3. Have you ever been convicted in a court of law in any other country (excluding parking offences or criminal records disclosed above)?	
4. Have you been charged with any offence in a court of law in any country for which the outcome is not yet known (excluding parking offences)?	
5. Did you leave the employment of the Ministry of Education? If so, please put a tick in one of the boxes by the selected reason.  <input type="checkbox"/> Normal resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Dismissal, discharge or termination of service <input type="checkbox"/> Other grounds (Please specify) :	
6. Did you leave the service of other tuition/enrichment centres? If so, please provide the names of the centres and the reason(s) for leaving:	
<p><b>I declare that the particulars in this application are true to the best of my knowledge and belief, and I have not willfully suppressed any material facts.</b></p>   <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <hr style="width: 30%; margin: 0 auto;"/> <p>SIGNATURE OF APPLICANT</p> </div> <div style="text-align: center;"> <hr style="width: 30%; margin: 0 auto;"/> <p>DATE</p> </div> </div>	