**APPLICATION FOR EMPLOYMENT**

Candidate No**.**

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applied For | Your Present Position | | passport photo |
|  |  | |
| Expected salary | Other requests | |
|  |  | |
| PERSONAL PARTICULARS | | |
| Full Name : | | |
| Home Address : | | |
| Date of Birth (Year/Month/Day) | | Identity Card No. |

|  |  |  |
| --- | --- | --- |
| Nationality | Religion | Sex □Male □Female |
| Marital Status □Married/□Single/□Widowed/□Divorced | | Date of Marriage (Year/Month/Day) |
| Home Tel. :  Office Tel :  Mobile No :  Email Address : | | Passport No*.* :  Date of Issue :  Place of Issue :  Expiry Date : |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATION*(List schools/institutes/universities attended. Please attach relevant copies of certificates/transcripts.)* | | | |
| From yy/mm/dd | To yy/mm/dd | Schools/institutes/universities | Qualifications Obtained |
|  |  |  |  |
| School address | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYMENT HISTORY | | | | |
| From yy/mm/dd | To yy/mm/dd | Name of Employer/Company | Position & Job Description | Monthly Salary |
|  |  |  |  |  |
| Company address | |  | | |
| Company tel | |  | | |
| HEALTH CONDITION | | | | |
| Eye-sight : □ Glasses □No Glasses  Degree of Glasses / Right / Left  General Health Condition: □Excellent □Good □Average □Poor  Blood type: Height (cm): Weight (kg): | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| FAMILY PARTICULARS/ | | | |
| Relationship | Name | Year of Birth | Occupation |
|  |  |  |  |
|  |  |  |  |
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| Previous Visit to or Stay in the Republic of Korea |
| Have you ever visited the Republic of Korea? (Please list your most recent visit) (YES/NO)  (From(yy/mm) To (yy/mm))  If you answered "YES", please indicate when you stayed in Korea.  (From (yy/mm) To (yy/mm)) |

|  |  |  |
| --- | --- | --- |
| EMERGENCY CONTACT*(Please name your next-of-kin or close friend that we should contact in case of emergency)* | | |
| Relationship | Name | Contact No. |
|  |  |  |
| DECLARATION | | |
| I, the applicant certify that all the foregoing information is true and accurate. I understand that if I willfully withhold any information or make any false statement in the application, the Company shall reserve the right to terminate my employment and the offer of Contract of Employment shall be null and void.  Date : . . Signature of Applicant : | | |