

DECLARATIONS

1	Do you have any obligation to your present company in terms of bond, study loans, etc? If yes, please give details :	Yes / No *
2	Do you suffer from any physical disability or disease including mental illness, deafness, hypertension, diabetes, heart disease? If yes, please give details :	Yes / No *
3	Do you smoke ?	Yes / No *
4	Have you been hospitalised or undergone surgery for any medical problem? If yes, please give details :	Yes / No *
5	Have you been screened for Hepatitis B?	Yes (Result - Positive / Negative *) No *
6	Have you undergone a HIV screening test?	Yes (Result - Positive / Negative *) No *
7	Have you undergone a chest x-ray? If yes, please give details :	Yes / No *
8	Have you ever been convicted in a Court of Law in any country? If yes, please give details :	Yes / No *
9	Have you ever been detained by the police, military police, CID, CPIB or any other government law enforcement institution? If yes, please give details :	Yes / No *
10	Have you ever been declared a bankrupt? If yes, please give details :	Yes / No *
11	Have you any relative and/or friend already working in Raffles Medical Group? If yes, please give details : Name of relative/friend : Position : Place of Work :	Yes / No *
Other information which you think may be important to us :		

I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification from any offer of employment or dismissal if appointed. The wilful suppression of any material fact will be similarly penalised.

I hereby authorise Raffles Medical Group to make references to all my past employers. However, reference to my current employer may only be made with my prior permission so long as I am still in their employment.

Applicant's Signature

Date

FOR HR USE ONLY

Decision : [] Rejected [] KIV [] Selected

Department : _____

Remarks : _____

Name / Designation

Signature / Date

* Delete as appropriate