

Do you have a family member or relative currently employed by ComfortDelGro Cabcharge or related companies? YES NO
 If Yes please provide details: _____

Are you planning to work another job whilst also employed by ComfortDelGro Cabcharge? YES NO
 IF YES, please give details of the employer, the nature of the work and the number of hours: _____

PREVIOUS EMPLOYMENT:

PREVIOUS EMPLOYER	TIME EMPLOYED (i.e. years and months)	POSITION TITLE:	REASON FOR LEAVING:	REFERENCE NAME:	REFERENCE CONTACT NUMBER:

QUALIFICATIONS:

STUDY COURSE / SECONDARY EDUCATION QUALIFICATIONS / TRADE QUALIFICATIONS/ CERTIFICATE	YEAR COMPLETED:

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION FORM:

Driver's Authority (DA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License	<input type="checkbox"/> YES <input type="checkbox"/> NO
RMS Driving History	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa /Passport	<input type="checkbox"/> YES <input type="checkbox"/> NO
Working with Children Check clearance/Number	<input type="checkbox"/> YES <input type="checkbox"/> NO

ACKNOWLEDGMENT

I acknowledge and understand that as a prospective employee I will be subject to: Working with Children Check (WWCC) and criminal record checks, random drug and alcohol testing, license and driving record checks and pre-employment medical assessments throughout the application process and on an ongoing basis if successful in obtaining employment with ComfortDelGro Cabcharge	<input type="checkbox"/> YES <input type="checkbox"/> NO
I acknowledge that the above information and attachments are true and correct	<input type="checkbox"/> YES <input type="checkbox"/> NO
I acknowledge and understand the terms and conditions associated with the application process and wish to continue with my application	<input type="checkbox"/> YES <input type="checkbox"/> NO
I Acknowledge the above; _____ (APPLICANTS SIGNATURE)	Date: ____/____/____

OFFICE USE ONLY	Date Application Received:
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