

**GENERAL****APPLICATION FORM**
**Full name :** 
**FOR PERSONNEL USE, ONLY**

Notes :

Interview date :

**IMPORTANT NOTES**

- 1) Your application and personal information will be treated as strictly confidential and used only for the purpose of recruitment and selection. Thus, only those persons who are responsible for the staffing functions i.e. our Personnel staff, corresponding line managers/supervisors, will have access to your data.
- 2) Information provided by unsuccessful candidates will be destroyed after the recruitment exercise when it is no longer required.
- 3) Should there be any change in your personal particulars related to the application, please contact our Personnel Department by email [career@harmony-jets.com](mailto:career@harmony-jets.com).

**APPLICATION SOURCE**

Where did you learn about this position? (please tick as appropriate)

- CPCS Website
- Harmony social networks (please specify: )
- Campus / Career Centre
- Advertisement (please specify: )
- Referral (please specify name: )
- Others (please specify: )

PERSONAL PARTICULARS		
Position applied for: <input type="text"/>	Date available: <input type="text"/>	
Expected salary: <input type="text"/>	Expected days off per month: <input type="text"/>	
Surname: <input type="text"/>	First Name: <input type="text"/>	
Other name: <input type="text"/>		
Usual trigram: <input type="text"/>		
Place of birth: <input type="text"/>		
Residential address: <input type="text"/> <input type="text"/>		
Contact No. (Residential) <input type="text"/>	Contact No. (Mobile) <input type="text"/>	Email address <input type="text"/>

ACADEMIC ATTAINMENT				
<i>(Please attach copies of latest academic results)</i>				
From (MM/YY)	To (MM/YY)	College / University attended / attending	Qualification obtained / to be obtained	Official uses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PROFESSIONAL QUALIFICATIONS***(Please list your professional qualification record in chronological order)*

<b>Year obtained / to be obtained (MM/YY)</b>	<b>Name of organization / institution</b>	<b>Professional qualifications</b>	<b>Level obtained / to be obtained</b>	<b>Official uses</b>

**WORKING EXPERIENCE***(Please list your employment record in chronological order)*

<b>From (MM/YY)</b>	<b>To MM/YY)</b>	<b>Name of company</b>	<b>Full time / Part-time</b>	<b>Position held</b>	<b>Nature of work</b>

LANGUAGE & SKILLS				
<i>(Please tick in the appropriate box to indicate level of proficiency)</i>				
Language		Good	Average	Fair
English	Written <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oral <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	Written <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oral <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others <i>(please specify)</i>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other skills (please specify)</b>				
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				

ADDITIONAL COMPETENCE
<i>Please explain below any other experience, skills or qualification that you feel important for our consideration of your application:</i>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

1) Have you been convicted of any civil or criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify details:
<input type="text"/>
<input type="text"/>
2) Have you ever suffered from tuberculosis or respiratory disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify details:
<input type="text"/>
<input type="text"/>

**SUPPLEMENTARY INFORMATION**

*Please explain what you can bring to the company:*

**DECLARATION**

- To the best of my knowledge, the information submitted above is true and correct. I understand that any incorrect information may lead to termination of employment.
- I have no objection for the Company to approach my present or previous employers to obtain reference.
- I understand that the above information is given on my own accord, in which all the information collected will be used for employment purposes under strict confidentiality.
- I understand the clauses under the Important Notes about the use of personal data given.

Date

Signature of applicant