



ASE Singapore Pte. Ltd.

ASE GROUP

ASE SINGAPORE PTE LTD
7 Ang Mo Kio Street 64
#01-01 Singapore 569086
TEL: 65 6389 4499
FAX: 65 6441 4755

**PRIVATE AND CONFIDENTIAL
EMPLOYMENT APPLICATION FORM**

OUR MISSION:

ASE offers the Best Design Manufacturing Services for IC Packaging, IC Substrates, IC Testing and Systems Products.

ASE will act as an *Extension* of Our Customers' Own Operations in Achieving the *Maximum* Business Objectives with *Minimum* Resources

OUR VALUES :

- Provide full range of IC test services including front end engineering test, wafer probe and volume production test to suit customers' requirement.
- One-stop service center offering complete backend engineering development support
- Largest and widest choice of testers available with largest accumulative experience base
- To foster strong partnership with customers

NAME OF APPLICANT : _____

POSITION APPLIED FOR : _____

DECLARATION:

Please declare if you have any immediate family members (spouse, parents, and siblings) currently working with our direct competitors, eg. STATS or semi-conductor related companies.

Yes No

Please indicate Company:

Where did you come across this position?

Advertisement Friend's Recommendation Recruitment Agency

Website Posting : Jobstreet

PERSONAL PARTICULARS

Photograph

Name (as in NRIC/Passport) :	
Chinese Characters (if possible)	
NRIC/Passport No:	Nationality:
Date of Birth :	Citizenship:

CURRENT ADDRESS/CONTACT

Address:	
Country:	Postal Code:
Tel No. (Home)	Tel No.(Office):
Tel No.(Mobile)	Email Address:

EDUCATIONAL DETAILS (Primary/Secondary/Diploma/Degree/Post Graduate)

Name Of Institute	From	To	Highest Standard Attained

EMPLOYMENT HISTORY (start with the most recent employer)

Company Name :	
Position Held :	
Date Joined – Date Left :	
Reason for Leaving :	
*Current/Last drawn salary :	
Allowance / Bonus:	

* may require to produce pay advice for verification

Company Name :	
Position Held :	
Date Joined – Date Left :	
Reason for Leaving :	

Company Name :	
Position Held :	
Date Joined – Date Left :	
Reason for Leaving :	

Company Name :	
Position Held :	
Date Joined – Date Left :	
Reason for Leaving :	

PARTICULARS OF IMMEDIATE FAMILY

Name	Relationship	Age	Occupation/Company

NATIONAL SERVICE DETAILS (applicable to male Singapore citizens only)

Status <input type="checkbox"/> Completed <input type="checkbox"/> Exempted <input type="checkbox"/> Not Applicable	
Date of Enlistment :	Date of Completion :
Unit (<i>for reserve service</i>) :	Last Rank Held :
Reasons for exemption :	

PROFESSIONAL QUALIFICATION/ TRAINING COURSES (completed and currently pursuing)

Name of Institute	From	To	Certification Attained

COMPUTER SKILLS

Types of Software (spreadsheet, word processing, programming languages, software used in the course of work)	Excellent (pls tick)	Good (pls tick)	Average (pls tick)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expected Monthly Salary Earliest Commencement Date:

EMERGENCY CONTACT (person to be notified in the event of emergency)

Name :	Relationship :
Address :	
Tel No. (Home/Office) :	Mobile No. :

GENERAL INFORMATION

GENERAL (IF YES, STATE DETAILS)	
Have you ever been discharged, dismissed or terminated from your previous company? If yes, please specify:	Yes/ No
Do you have any pre-existing illnesses? If yes, please specify:	Yes/ No
Have you ever been convicted in any court of law? If yes, please specify:	Yes/ No
Have you ever been declared a bankrupt? If yes, Indicate:	Yes/ No
Do you have any friends or relatives working in this Company? If yes, Indicate:	Yes/ No
Have you ever been interviewed by this Company before?	Yes/ No
Have you ever worked for this Company before? If yes, please indicate : Date Position Reason For Leaving:	Yes/ No

DECLARATION

I voluntarily give the Company the right to investigate into my past employment and activities. I shall further co-operate in such investigation and release from all liability the persons, companies or corporations supplying such information.

I consent to take the pre-employment medical examinations as may be required by the Company and shall further grant the medical practitioner the right to release to the Company my medical condition / reports, which may be used by the Company in any connection with my employment.

If employed by the Company, I agree to wear or use protective clothing or devices as required by the Company and shall observe all Security and Safety regulations lay down.

If employed by the Company, I further agree that I shall abide by all rules, regulations and policies of the Company, as may be amended from time to time.

I understand that any false declaration or statements made by me in this application or any supplement thereto or the withholding or requested information in connection with any of the abovementioned shall be sufficient grounds for my immediate dismissal.

Applicant's Signature:	Date:
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For Official Use Only:

Interview Outcome :	Accept / KIV / Reject
Applicant's job title/Comments :	
Name of Interviewer / Date	