



FORM 8
APPLICATION FOR AN EMPLOYMENT / S PASS

INSTRUCTIONS:

1. For *, please tick (✓) where appropriate.
2. Indicate "Not applicable" or "N.A." where necessary. Do not leave any blank.

*Affix a recent
passport-sized
photograph here*

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PART 1 – EMPLOYING COMPANY DETAILS

1A: Employing Company General Information

Name of Employing Company/Society/Organisation:

Unique Entity Number (UEN):

Registration Number (ACRA):

Company's Email:

Tel Number:

Fax Number:

Mobile Number:

Correspondence Address

Block/House Number:

Floor Number:

Unit Number:

Building Name:

Street Name:

Postal Code:

1B: Financial & Other Information

Paid-up Capital (S\$):

Value of Turnover of the Company in the past 3 years *(Please start with the most recent year)*

| Year | Value (S\$) | Is the turnover figure from an audited account? <i>(For unaudited accounts or if employing company is exempted from audit, please select 'No'.)</i> |
|------|-------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART 2 – APPLICATION INFORMATION**2A: Pass Declaration**

Is the foreign employee a Singapore Citizen or Singapore Permanent Resident?* Yes No

Please provide the FIN/Work Permit/S Pass number if the foreign employee had ever

- applied for or worked in Singapore on an Employment Pass, S Pass or Work Permit
- studied in Singapore on a Student's Pass
- stayed in Singapore on a Dependant's Pass or Long Term Visit Pass.

Foreign Identification Number, FIN (*FIN held previously*):

Work Permit Number/S Pass Number (*WP number held previously*):

2B: Pass Duration

If this application is approved, the period granted may be shorter than what you have indicated.

Duration of Pass Applied for: (up to 60 months)

2C: Pass Consideration

The foreign employee may apply for an S Pass if he/she is not a partner, sole proprietor or director of a company.

Is the foreign employee a partner, sole proprietor or director of any company?* Yes No

Does the foreign employee wish to be considered for*: (*select one only*)

| Pass Consideration | Administrative Fee for Application |
|--|------------------------------------|
| I. <input type="checkbox"/> Employment Pass and S Pass | \$70 |
| II. <input type="checkbox"/> Employment Pass only | \$70 |
| III. <input type="checkbox"/> S Pass Only | \$60 |

Company's CPF Submission Number:

(Consists of UEN + CPF Payment Code. Total length of either 14 or 15 digits/characters)

- i** Please ensure that your company/firm is only making Central Provident Fund contributions to local employees that are actively employed, for the purposes of calculating the number of foreign workers your company/firm may employ.

2D: Job Advertisement Information

Under the Fair Consideration Framework, you must advertise the job in the WDA Jobs Bank for 14 calendar days before you can submit an Employment Pass Application for this position. Please fill in the following information, if you are submitting from 1 August 2014 onwards.

Have you advertised this post on the Jobs Bank?* Yes No

- i** Advertising is not compulsory if the employing company has 25 or fewer employees; or the job position pays a fixed monthly salary of \$12,000 and above.

Job posting ID: JOB –

Posting date of advertisement – dd/mm/yyyy:

Expiry date of advertisement – dd/mm/yyyy:

Have you made the effort to interview any Singaporeans for this post?* Yes No

Please tell us why you are unable to find a Singaporean for the post (choose up to 3 reasons). The information you provide here is intended to help MOM understand the profile of the local workforce, and identify skills gaps.

- Singaporeans interviewed/ who applied did not have as good technical skills/expertise for the job as the Employment Pass candidate.
- Singaporeans interviewed/who applied did not have as good "soft skills" (e.g. communication, leadership) as the Employment Pass candidate.
- Singaporeans interviewed/who applied did not have as much relevant industry or target market experience as the Employment Pass candidate.
- Singaporeans interviewed/who applied did not have as good qualifications as the Employment Pass candidate.
- Our firm was unable to meet the salary expectations of the Singaporeans interviewed/applied.
- Singaporeans turned down our offer of employment.
- No Singaporeans applied for the job.
(only applicable if you have not interviewed a Singaporean)
- No Singaporeans turned up for the interview.
(only applicable if you have not interviewed a Singaporean)
- Others (MOM may contact you for more information).

Is the foreign employee currently working for an overseas/local branch, affiliate or subsidiary of the Employing Company? Yes *(Please fill in the details below)* No

Length of service in this firm: Years Months

Name of this firm:

PART 3 – INFORMATION ON EMPLOYMENT AGENCY / THIRD PARTY

Applicable if application for foreign employee is made through an Employment Agency or third party.

Name of Employment Agency/Third party:

JobPlus Employment Agency

Telephone Number:

65-67339388

Employment Agency/Third Party's Stamp:

Employment Agency Licence Number:

03C4955

PART 4 – FOREIGN EMPLOYEE'S PERSONAL INFORMATION**4A: Personal Particulars**

Please note that for S Pass holders, only the first 45 characters of your name will be printed on the S Pass card.

Name: (as on travel document, excluding salutations, e.g. Mr, Miss, Professor, Doctor)

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Alias:

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Sex:* Female Male

Marital Status:* Divorced Married Separated Single Widowed

Please complete Part 6 of the application form if the foreign employee is 'Married'.

Date of Birth - dd/mm/yyyy:

Nationality:

For Malaysian only:

Malaysian Old Identity Card Number:

Malaysian New Identity Card Number:

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Malaysian Identity Card Colour:* Blue Pink

Country of Birth:

State/Province of Birth:

Country of Origin: - country where the person obtained his first citizenship by birth or parentage

State of Origin:

Race:

Religion:*

- Buddhist Christian Free Thinker Hindu
 Muslim Others Sikh Taoist

If foreign employee's marital status is 'Married', please fill in the details below:

Is accompanying spouse a Singapore Citizen or Singapore Permanent Resident, Employment/S Pass holder or Work Permit holder?*

Yes No

Name of spouse:

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Spouse's FIN / NRIC Number:

Spouse Identification Type:*

Spouse's Date of Birth - dd/mm/yyyy:

FIN NRIC

4B: Travel Document Information

Travel Document Type:* Hong Kong Special Admin Region International Cert of Identity
 International Passport Macau SAR Travel Permit

Travel Document Number:

Date of Issue - dd/mm/yyyy:

Date of Expiry - dd/mm/yyyy:

4C: Residential Address in Singapore

Please note that if the residential address is currently not available, the employing company address will be used for this application. You can update the Ministry of Manpower subsequently once the residential address is available.

Is the foreign employee currently staying in Singapore?*

- No. You do not need to provide any more details
 Yes. Please fill in the address below:

Correspondence Address

Block/House Number: Floor Number: Unit Number: Building Name:

Street Name:

Postal Code:

PART 5 – FOREIGN EMPLOYEE'S EDUCATION / MEMBERSHIP DETAILS

Please fill in the two highest qualifications that were awarded to the foreign employee. Please note that qualification is a key criterion in the assessment of the foreign employee's eligibility for a work pass and should be provided where applicable.

5A: Education Details**(1) Awarding Body /Institution/ University awarded the qualification**

Country:

State/Province:

Name:

Main Campus or Affiliating College Attended: *(Applicable only for India qualification)*

Qualifications[#]: *(e.g. for Honours Degree, state class/division; Diploma)*

Specialisation: *(e.g. Civil engineering)*

Faculty: *(e.g. Engineering)*

Period of Study - dd/mm/yyyy

From:

To:

Mode of Study:* Distance Learning Full-Time Part-Time

Has the foreign employee submitted supporting documents for this qualification before?* Yes No

(2) Awarding Body /Institution/ University awarded the qualification

Country:

State/Province:

Name:

Main Campus or Affiliating College Attended: *(Applicable only for India qualification)*

Qualifications[#]: *(e.g. for Honours Degree, state class/division; Diploma)*

Specialisation: *(e.g. Civil engineering)*

Faculty: *(e.g. Engineering)*

Period of Study - dd/mm/yyyy

From:

To:

Mode of Study:* Distance Learning Full-Time Part-Time

Has the foreign employee submitted supporting documents for this qualification before?* Yes No

Please complete the relevant information below if the qualification is STPM or MICSS**Sijil Tinggi Persekolahan Malaysia (STPM)**No. of Passes attained (*Inclusive of General Studies/Pengajian Am*): Principal pass-C Subsidiary pass-RHas the foreign employee attained a pass in General Studies/Pengajian AM?* Yes No**Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate**No. of Passes attained (*Inclusive of Bahasa Inggeris/English language*): passesHas the foreign employee attained a pass in Bahasa Inggeris/English Language?* Yes No**5B: Societies/Organisations Membership***(Past five years to date)***(1) Society/Organisation Membership**

Name of Society/Organisation:

Position Held:* Chairman Member President Secretary
 Treasurer Vice Chairman Vice President

Period - dd/mm/yyyy

From: To:

(2) Society/Organisation Membership

Name of Society/Organisation:

Position Held:* Chairman Member President Secretary
 Treasurer Vice Chairman Vice President

Period - dd/mm/yyyy

From: To:

PART 6 – FOREIGN EMPLOYEE'S SPOUSE EDUCATION DETAILS**To be completed if the foreign employee's marital status in Part 4A is 'Married'.****Foreign Employee's Spouse Educational Details****(1) Awarding Body /Institution/ University awarded the qualification**

| | |
|--|--------------------------------------|
| Country: | State/Province: |
| Name: | |
| Main Campus or Affiliating College Attended: (<i>Applicable only for India qualification</i>) | |
| Qualifications#: (<i>e.g. for Honours Degree, state class/division; Diploma</i>) | |
| Specialisation: (<i>e.g. Civil engineering</i>) | Faculty: (<i>e.g. Engineering</i>) |
| Period of Study - dd/mm/yyyy | |
| From: To: | |
| Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |

(2) Awarding Body /Institution/ University awarded the qualification

| | |
|--|------------------------------------|
| Country: | State/Province: |
| Name: | |
| Main Campus or Affiliating College Attended: <i>(Applicable only for India qualification)</i> | |
| Qualifications [#] : <i>(e.g. for Honours Degree, state class/division; Diploma)</i> | |
| Specialisation: <i>(e.g. Civil engineering)</i> | Faculty: <i>(e.g. Engineering)</i> |
| Period of Study - dd/mm/yyyy From: _____ To: _____ | |
| Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |

Please complete the relevant information below if the qualification is STPM or MICSS

| | | | |
|---|----------------------|------------------|--|
| Sijil Tinggi Persekolahan Malaysia (STPM) | | | |
| No. of Passes attained <i>(Inclusive of General Studies/Pengajian Am)</i> : | <input type="text"/> | Principal pass-C | <input type="text"/> Subsidiary pass-R |
| Has the foreign employee attained a pass in General Studies/Pengajian AM?* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate | | | |
| No. of Passes attained <i>(Inclusive of Bahasa Inggeris/English language)</i> : | <input type="text"/> | passes | |
| Has the foreign employee attained a pass in Bahasa Inggeris/English Language?* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

PART 7 – FOREIGN EMPLOYEE'S EMPLOYMENT DETAILS**7A: Working Experience of Foreign Employee**

| | | | |
|------------------------------------|---------|--|---------|
| Total Period of Working Experience | | Total Period of Relevant Working Experience Relevant to the occupation declared in Part 7C. | |
| Years: | Months: | Years: | Months: |

Start with the most recent working experience.

| Period (dd/mm/yyyy) | | Name of Company | Country | Occupation | Last Drawn Monthly Salary (S\$) |
|------------------------|----|-----------------|---------|------------|---------------------------------------|
| From | To | | | | |
| | | | | | |

7B: Salary Details

Please note that the fixed monthly salary includes only basic monthly salary and fixed monthly allowances. It is important that you read and understand the definition of fixed monthly salary, which can be found at <http://www.mom.gov.sg>.

Salary Payable by*: Both local and overseas Local Overseas

Fixed Monthly Salary = Basic Monthly Salary + Fixed Monthly Allowances
E.g. S\$5,000 = \$4,500 + \$500

As specified in Employment Contract:

Fixed Monthly Salary: S\$.00

Basic Monthly Salary: S\$.00

i MOM will use the fixed monthly salary to assess the application. If the amount indicated as fixed monthly salary is more than the basic monthly salary, MOM will take the difference as the 'fixed monthly allowances'. If there are no fixed monthly allowances, the amount of fixed monthly salary should be exactly the same as the basic monthly salary.

7C: Address and Duties to be Performed

Occupation:

i Refer to the List of Standard Occupation before you fill in the "Occupation" field. If the occupation you indicate cannot be found in the list, a close match will be assigned by Work Pass Division. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. The prevailing administration fee will be charged upon submission.

Is your business entity an Employment Agency/Headhunter firm or does it supply labour to other business entities in the course of conducting its business?*

Yes No

If Yes, will the foreign employee be deployed to work for another employer so as to supplement that other employer's manpower resources?

Yes No

Address where foreign employee's duties are to be performed

Block/House No: Floor No: Unit No: Building Name:

Street Name: Postal Code:

National Environment Agency Licence Type*: (For Food Establishment only)

Foodstall (e.g. hawker stall) Cold Drink Shop (e.g. pub) Foodshop (e.g. restaurant)

Did you source for this foreign employee with Contact Singapore's assistance?* Yes No

Employment Pass Eligibility Certificate Reference Number:

7D: Vetting Agency/Professional Body/Accreditation Agency Support

Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/ Accreditation Agency(s)?

Yes No

If 'Yes', please select from the followings.

Please select one or more Vetting Agencies if the foreign employee has obtained support from any of the Vetting Agencies listed. Please note that the foreign employee must produce documentary proof of support from the agencies concerned together with this application.

Attorney-General's Chamber IE Singapore (Representative Office) Singapore Dental Council
 Singapore Medical Council Singapore Nursing Board Registrar of Pharmacy Board
 Singapore Sports Council TCM Practitioners Board

PART 8 – DECLARATION BY FOREIGN EMPLOYEE

Please tick (✓) accordingly.

Have you ever:

- (a) been refused entry into or deported from any country? Yes No
- (b) been convicted in a court of law in any country? Yes No
- (c) been prohibited from entering Singapore? Yes No
- (d) entered Singapore using a different passport issued by a different country? Yes No
- (e) entered Singapore using a different name? Yes No
- (f) been a Singapore Citizen or Singapore Permanent Resident? Yes No
- (g) stayed in Singapore? If Yes, please indicate the purpose(s) of stay below. Yes No

(i) Length of stay in Singapore due to study :

| | |
|---------|----------|
| Year(s) | Month(s) |
|---------|----------|

(ii) Length of stay in Singapore due to work [excluding the period that is already declared under g(i)] :

| | |
|---------|----------|
| Year(s) | Month(s) |
|---------|----------|

(iii) Length of stay in Singapore due to other purposes :

| | |
|---------|----------|
| Year(s) | Month(s) |
|---------|----------|

- (h) been issued a work visa by another country? Yes No

If Yes, please provide the most recent details below.

(i) Country of Issue :

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(ii) Length of Visa :

| | |
|---------|----------|
| Year(s) | Month(s) |
|---------|----------|

If any of the above answers from (a) to (f) is 'Yes', please provide details:

| | |
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I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct. All documents submitted in support of this application for Employment/S Pass are true copies of the originals. I understand that I may be prosecuted if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

I have read and understood the Conditions of Employment/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

Further and in addition, I hereby declare that: –

1. I shall not make any false statement or submit any document which I know to be false in order to obtain an Employment/S Pass and Visit Pass.
2. I understand that if I breach any condition above, my Employment/S Pass and Visit Pass will be revoked and I can be prosecuted in Court, or expelled and prohibited from entering Singapore.
3. I shall not misuse controlled drugs or take part in any political or other activities during my stay in Singapore, which would make me an undesirable or prohibited immigrant under the Immigration Act.

With reference to this application submitted for Employment/S Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organisation or any other source for assessing my application.

I hereby give my consent for the Comptroller of Income Tax to verify my income stated in my current and renewal applications, based on my assessment record for the current Year of Assessment, for the Controller of Work Passes. In the event my assessment record for the current Year of Assessment is not available or finalised at the point of verification, I understand the Comptroller of Income Tax will verify my income against my assessment record for the two previous Years of Assessment. I also hereby give my consent for the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

| | |
|--------------------------------------|-------------|
| Signature of Foreign Employee | Date |
| | |

PART 9 – DECLARATION BY LOCAL EMPLOYER/SPONSOR

I hereby sponsor this application and certify that it is made for the purpose as stated by the foreign employee. I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct.

I have ensured that the foreign employee fully understands the contents of Part 8 of this application form. I understand that I may be prosecuted if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular. I further understand that any false statement made by my company or myself in relation to this application for Employment/S Pass may adversely affect the future work pass applications of my company/firm.

I am aware that the Controller of Work Passes uses my company/firm's Central Provident Fund contribution information to determine the number of local workers employed by my company/firm hence determining the number of foreign employees that my company/firm may employ. I have ensured that my company/firm's Central Provident Fund contribution record of payments as required under the Central Provident Fund Act (Cap.36) only reflects every citizen or permanent resident of Singapore who is employed by my company/firm and at the appropriate contribution rate prescribed by law. My company/firm has made any voluntary CPF contributions only through a separate CPF Submission Number (CSN).

I undertake to:

- (i) be responsible for the stay, maintenance and repatriation of the foreign employee;
- (ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said foreign employee or any of his dependants; and
- (iii) be responsible for the compliance by the foreign employee of any quarantine and medical surveillance imposed on the foreign employee under Regulation 8 (2A) of the Immigration Regulations.

In addition, I declare that: –

1. I hereby give my consent to the department to verify the particulars with any government agencies.
2. The company owner(s) is/are not undischarged bankrupt(s).
3. I ****have/have not** used the services of an Employment Agency or intermediary based in Singapore for the recruitment of the foreign worker. (Please also state the licence number of all Employment Agencies or intermediaries (if any) used for the purposes of this application:
Please ensure that a copy of Part 10 of this form is completed by each Employment Agency or intermediary used.)

I shall keep copies of the foreign employee's education certificates as declared in the application form for as long as the foreign employee is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

I have read and understood the Conditions and Regulatory Conditions of Employment Pass/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

I declare that I have read and understood the above.

Authorised Signature & Date

Official Stamp of Company / Firm:

Name & Designation / Capacity

Name: _____ Designation / Capacity: _____