

**Work Pass Division**

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Singapore 059764
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www.mom.gov.sg
mom_wpd@mom.gov.sg



Training Employment Pass Application Form

This form may take you 30 minutes to fill in.

You will need the following information to fill in the form:

- The applicant's Foreign Identification Number (if applicable)
- The applicant's Work Permit Number (if applicable)
- The applicant's old/new Malaysian Identity Number (if applicable)
- The applicant's Malaysian International Passport Number (applicable to Malaysian only)
- The applicant's educational qualification and work experience details
- The applicant's spouse personal particulars (if accompanying spouse is a Singapore citizen / Permanent Resident / Employment Pass / S Pass or Work Permit holder)
- Accounting and Corporate Regulatory Authority Registration Number / Registry of Societies Registration Number / International Enterprise Singapore Representative Office Registration Number (whichever is applicable)



APPLICATION FOR TRAINING EMPLOYMENT PASS

INSTRUCTIONS:

1. For *, please tick relevant box.
2. Indicate "Not applicable" or "N.A." when necessary. Do not leave any blank.
3. To check whether your application has been received, you may call 6438 5122 if you do not hear from MOM after 2 weeks.

*Affix a recent
passport-sized
photograph here*

DURATION OF TRAINING EMPLOYMENT PASS APPLIED FOR:

0 **6** Months (Maximum period is 12 months)

For official use only:

Date of application:

Officer ID:

Remarks:

PART I – BASIC PARTICULARS OF APPLICANT

Foreign Identification No. (FIN):

(FIN No. held previously)

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Sex :*

Work Permit No. (WP No):

(WP No. held previously)

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☐ Male

☐ Female

Date of Birth:

2	7	-	0	8	-	1	9	8	0
D	D		M	M		Y	Y	Y	Y

For Malaysians Only

Old
Identity
Card No:

--	--	--	--	--	--	--	--	--	--	--	--

New
Identity
Card No:

--	--	--	--	--	--	--	--	--	--	--	--

Colour:*

☐ Pink

☐ Blue

Name (as on travel document):

Family name / Surname

L	E	I	T	H	I	N	G	E	R												
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Given Name

D	A	N	I	E	L																
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Alias:

Family name / Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(leave blank

if not applicable)

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Name in Chinese Characters (If applicable):

Country of Birth:

A	U	S	T	R	I	A															
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province of Birth:

U	P	P	E	R		A	U	S	T	R	I	A									
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Race: (e.g. Malay, Indian,
Chinese, Caucasian, etc.)

C	A	U	C	A	S	I	A	N													
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality:

A	U	S	T	R	I	A															
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Religion:

C	H	R	I	S	T	I	A	N						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Denomination: _MENNONITE_

Country of Origin:

A	U	S	T	R	I	A															
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province of Origin:

U	P	P	E	R		A	U	S	T	R	I	A									
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

PART I (continued)

Address in Singapore

Postal Code:

--	--	--	--	--	--

Block/House No:

--	--	--	--	--	--

Floor No:

--	--

Unit No:

--	--	--	--

Street Name: _____

Tel No:

--	--	--	--	--	--	--	--

Building Name: _____

Type of Travel Document Held:

P	A	S	S	P	O	R	T								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(e.g. Passport, Certificate of Identity,
Document of Identity, etc)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Travel Document No:

E	0	9	2	3	5	6	1	8			
---	---	---	---	---	---	---	---	---	--	--	--

Travel Document
Issue Date:

1	1	-	0	1	-	2	0	0	0
D	D		M	M		Y	Y	Y	Y

Expiry Date:

1	0	-	0	1	-	2	0	1	0
D	D		M	M		Y	Y	Y	Y

Country of Issue:

A	U	S	T	R	I	A												
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Place of Issue:

B	H		W	E	L	S	-	L	A	N	D								
---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

PART II- APPLICANT'S DETAILS

Name of Awarding Body/Institution/ University which awarded the qualification (Start with highest qualification)	Name of School/Institution /College Attended	Country and State/Province (e.g. USA, California or China, Hubei)	Mode of Study (Full-time, Part- time, Distance Learning, Twinning, Offshore etc)	Academic and Professional Qualifications awarded (Note: for Honours Degree, state class/division)	Faculty of study	Period of Study (State in MMYYYY)	
						From	To

PART II (continued)

Membership of Societies / Organizations (Past 5 years to date)	Position(s) Held	Period	
		From	To
IEEE	STUDENT MEMBER	2007	2007

PART III- APPLICANT'S YEARS OF WORKING EXPERIENCE

[Please indicate in chronological order. Please do not leave this part blank. Working testimonials, resumes and other attachment should only be submitted as supplements. Period(s) of unemployment should also be stated]

Total years of working experience

0	5
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 Years**

Total years of relevant working experience

0	4
---	---

 Years**

** Please round up to the nearest year

Working experience relevant to this application

Period		Name & Location (State & Country) of Company	Position Held	Nature of Duties
From	To			
02 2005	07 2005	HITLab, Canterbury, New Zealand	Student Intern	Content Development for Interactive Exhibits Programming in C++ and OpenGL Development of Business Website
07 2004	09 2004	AEC FutureLab, Upper Austria, Austria	Programmer	
06 2001	09 2002	Mari International Vogel OHG, Upper Austria, Austria	Web Developer	

PART IV- DECLARATION BY APPLICANT

Please tick (✓) accordingly. If any of the answers is "YES", please furnish details on a separate sheet of paper.

- | | | |
|---|------------------------------|-----------------------------|
| (a) Have you ever been refused entry into or deported from any country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Have you ever been convicted in a court of law in any country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Have you ever been prohibited from entering Singapore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Have you ever entered Singapore using a different passport or name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you ever been a Singapore Citizen or Singapore Permanent Resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Are you currently a Singapore Citizen or Singapore Permanent Resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Have you ever studied or worked in Singapore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PART V – DUTIES TO BE PERFORMED IN SINGAPORE

Job Title:

R	E	S	E	A	R	C	H		I	N	T	E	R	N							
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--

As specified in Employment Contract

Fixed Monthly Salary :	S\$	1	2	0	0		
------------------------	-----	---	---	---	---	--	--

Basic Monthly Salary: S\$

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(Please refer to the MOM website: <http://www.mom.gov.sg> for more information on basic and fixed monthly salary.)

Salary/Stipend Paid By : ☐ Singapore company ☐ Overseas company

Job Description (Give full details and state if they are of a technical nature)

Address/Place of training

Name & Correspondence Address of Company/Society/Organization providing training:

Accounting and Corporate Regulatory Authority (ACRA) Registration No.: Tel No.:

Registry of Societies Registration No.:	Fax No.:
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International Enterprise Singapore Representative Office Registration No.:

Authorised Capital (S\$):	Paid-up Capital (S\$):
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Nature of Business as declared with ACRA
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(Tick ✓ appropriate box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	Construction	Marine/ Shipping/ Transport/ Logistics	Restaurant/ Hotel/ Retail/ Trading/ Wholesale	Finance/ IT	Others

	Transport/ Logistics	Trading/ Wholesale
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Please specify main products and/or activities:

Value of Turnover of the Company in the past 3 years:

(1) _____ :S\$ _____ (2) _____ :S\$ _____ (3) _____ :S\$ _____
(Year) (Year) (Year)

Present staffing position (Date):

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Local Foreign
(Singapore Citizen/PR)

Total number of all employees	
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[Part VI & Part VII to be completed if spouse is a Singapore Citizen, Singapore Permanent Resident, Employment / S Pass Holder or Work Permit holder]

[illegible]

Singapore Identity Card No:

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Foreign Identification No:

PART VII – CITIZENSHIP/RESIDENTIAL STATUS OF APPLICANT’S CHILDREN

<u>Status</u>	<u>Number</u>
Singapore Citizen	<input type="text"/>
Singapore Permanent Resident	<input type="text"/>
Others	<input type="text"/>

PART VIII – DECLARATION BY APPLICANT**[To be signed by Applicant]**

I confirm that the information as set out in Parts I-IV, and VI-VII were provided by me and that the said information is true and correct.

I understand that I may be subject to prosecution 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.

Date

Signature of Applicant

PART IX – DECLARATION BY LOCAL SPONSOR

We hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. We confirm that the information provided in part V is true and correct. The statements made by the applicant in this application are to the best of our knowledge true. We undertake to be responsible for the stay, maintenance and repatriation of the applicant.

Authorised Signature / Date

Official Stamp of Company / Firm

Name & Designation / Capacity

PART X – COVENANT BY LOCAL SPONSOR

WHEREAS the Controller of the Work Passes as a condition precedent to the issue to

_____ (hereafter called “the Applicant”) of a Training Employment Pass, to work in
(Name of Applicant)

Singapore has required that _____ (hereafter called “Sponsor”) shall give security
(Name of Sponsor and Company Stamp)

in respect of the Applicant.

NOW THOSE PRESENT witness that in consideration of the issue to the applicant of a Training Employment Pass, the Sponsor undertakes to:

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

CONSENT

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

Dated.....of.....20.....

.....

(Name of Applicant)

.....

(Signature)

.....

** (Passport / Identity Card No.)

** Delete which ever is not applicable.

WORK PASS DIVISION

DID YOU REMEMBER?

- ❑ 1 CLEAR copy of applicant's highest educational certificates.
- ❑ 1 clear copy of the personal particulars page of the applicant's travel document/passport.
- ❑ For company submitting S Pass application, please indicate the company's CPF account number on the application form. Companies submitting their first S Pass application should also attach their CPF contribution statement for the most recent 3 months.
- ❑ For Dependant's Pass application, 1 CLEAR copy of official marriage certificate AND/OR child/children's birth certificate.
- ❑ For adopted dependants, 1 CLEAR copy of adoption certificate.
- ❑ For applicant with Singaporean spouse, 1 CLEAR copy of official marriage certificate.
- ❑ For applicant with common-law spouse, 1 CLEAR copy of embassy-certified document confirming the relationship between the parties.

For the above certificates/documents which are not in English, an *official English translation is required. Certificates in original languages must also be submitted.

***Official denotes certificates/documents issued by the High Commission or embassies.**

- ❑ For Training Employment Pass application, 1 CLEAR copy of the training program.
- ❑ For Short-Term Employment Pass application, a letter from sponsoring company undertaking not to extend the Employment Pass beyond the validity period.
- ❑ For the following professionals, 1 CLEAR copy of the registration with respective professional bodies/accreditation agencies or relevant documents as stated:
 - Nurse – Singapore Nursing Board
 - Doctor – Singapore Medical Council / Traditional Chinese Medicine Practitioners Board
 - Teacher – Singapore Ministry of Education
 - Lawyer – Singapore Attorney-General's Chambers
 - Dentist – Singapore Dental Council
- ❑ 1 copy of application form duly completed (original).
- ❑ Application forms signed by applicant.
- ❑ Application forms signed by authorised officer from sponsoring corporation and are enclosed with corporation's stamp or seal.

Please do not submit original documents unless otherwise stated.

Note:

Any person who falsely declares salary, academic qualifications, or submits forged documents in the employment pass application shall be guilty of an offence under the Employment of Foreign Manpower Act (Cap.91A).