

C. 學歷 (按日期順序列出) Academic Attainment (in chronological order)				
由(月/年) From (MM / YY)	至(月/年) To (MM / YY)	曾經/現在就讀的學校、學院、大學等 Schools, Colleges, Universities, etc Attended/Attending	已獲取 / 將獲取的學歷詳情 Academic qualifications obtained / to be obtained	頒發日期 Date Issued

D. 專業資格 (按日期順序列出) Professional Qualification (in chronological order)			
持有的專業資格 Professional Qualifications	頒發日期 Date Issued	頒發機構全名 Full Name of Issuing Authority	已達到 / 將達到的程度 Level Attained / to be Attained

E. 技能 Aptitude Information										
	語言 Language	說話 Speak			書寫 Written			聆聽 Listen		
		一般 Fair	良好 Good	優良 Excellent	一般 Fair	良好 Good	優良 Excellent	一般 Fair	良好 Good	優良 Excellent
語文能力 Language Proficiency										
其他技能 Other Skills	電腦技能 PC Skills _____									
	其他 Others _____									

F. 現職 / 近職資料 Details of Current / Last Employment		
現職 / 近職之每月基本薪金 Current / Last Monthly Salary 港幣 / HK\$	增薪月份 (如適用者) Next incremental Month (if applicable) 港幣 / HK\$	其他固定薪酬 Other Fixed Compensation
其他 (請註明) Other (Please specific)		
要求每月薪金 Expected Monthly Salary 港幣 / HK\$	現職離職通知期 Notice Period Required for Resignation	最早履職日期 Date Available for Assumption of duty



G. 諮詢人 References

請列出兩位諮詢人姓名，以供協會對閣下的品格及工作表現作出查詢。(直系親屬不能充任)

Please list out the two persons, who are known to you and understand your working performances. (These persons should not be relatives of the applicant.)

1	姓名 Name:	職位 Position:
	機構 Organization:	關係 Relationship:
	電郵地址 Email:	電話 Tel.:
2	姓名 Name:	職位 Position:
	機構 Organization:	關係 Relationship:
	電郵地址 Email:	電話 Tel.:

H. 聲明 Declaration

本人明白倘若故意在填寫申請表時虛報或隱瞞重要事實，或未有在申請表內提供資料已作更改後通知葵青安全社區及健康城市協會，可令本人喪失獲本會錄用的資格；即使已本會錄用，亦可遭終止聘用。

I understand that if I willfully give any false information or withhold any material information in this application form, or fail to notify the Kwai Tsing Safe Community and Healthy City Association any subsequent change of information provided, it will render me liable to disqualification for employment by the Association or termination of employment, if already employed by the Association.

本人同意葵青安全社區及健康城市協會可就進行與招聘工作以及僱用有關的事宜，及為核實上述資料而進行必要的查詢。本人授權政府所有部門及其他組織或機構可就這些查詢，透露任何有關的記錄及資料（其中包括：在提出聘任前，向本人的現時及/或前僱主及/或諮詢人索取推薦書；向有關當局/機構/醫護人員索取本人的體格檢查報告、醫事委員會報告或診療記錄，並將有關資料送交其他當局/機構/醫護人員；以及向有關院校/機構查詢本人的學術/專業資格和索取有關記錄，並將有關資料送交其他當局/機構進行學歷評審。

I consent to Kwai Tsing Safe Community and Healthy City Association making any necessary enquiries for purposes relating to recruitment by and employment with the Kwai Tsing Safe Community and Healthy City Association and for the verification of the information given above. I authorize all government departments and other organizations or agencies to release any record or information as may be required for these enquiries (included, obtaining a reference from my current and / or previous employer(s) and/or referees before offer of appointment; obtaining my medical examination reports, medical board reports or medical records from relevant authorities/ agencies/ medical personnel and transferring of such data to other authorities / agencies / medical personnel; and making enquiries from relevant institutions/ agencies regarding my academic / professional qualifications and obtaining relevant records and transferring of such data to other authorities / agencies for qualifications assessment).

本人明白並同意，如有需要，上述資料會送交獲授權處理有關資料的政府部門及其他組織或機構，用以進行與葵青安全社區及健康城市協會在僱用員工有關的事宜，例如學歷評審、體格檢查、僱主推薦及操守審查等。

I understand and accept that the information given above will be provided to government departments and other organizations or agencies authorized to process the information for purposes relating to recruitment by and employment with Kwai Tsing Safe Community and Healthy City Association e.g. qualifications assessment, medical examination, employer reference and integrity checking, etc. as may be necessary.

申請人簽署 Signature _____

姓名 Name _____

日期 Date _____

-完 END