

葵青安全社區及健康城市協會

KWAITSING SAFE COMMUNITY AND HEALTHY CITY ASSOCIATION

職位申請表 Application for Employment

申請職位名 Title of Job a				申請人編號 Candidate no.						
職位編號(Reference No				(只限內部填寫 Official Use Only)						
A. 個人資料 Personal Particulars										
姓名 (正楷: Name (in blo		英文 (English)		中文 (Chinese)						
出生日期 Date of Birth				性別 Sex						
香港身分證號 / 護照號碼 HK ID Card No. / Passport No.										
住址 Residential A										
通訊地址 (如與上址不同) Correspondence Address										
		ss given above)	d) th			دين و مقامل				
電話號碼 Telephone N	(流動電 o. Mobile	詰)	(住址) Home		(辨公室) Office					
電郵地址 Email Address										
B. 工作經驗 (接日期順序列出) Work Experience (in chronological order)										
由(月/年) From (MM / YY)	由(月/年) From (MM / YY)	機構名稱 Name of Organization		全職/兼職 Full-time/ Part-time	職位及職責 Position Held	and Nature of work	離職原因 Reason for leaving			

全職工作年數 Total Full-time Employment (Year):



C. 學歷 (接日期順序列出) Academic Attainment (in chronological order)

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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	各 (按日期順	序列出)	Professional	Oualification	i (in chron	ological orde	r)						
D. 專業資格 (按日期順序列出) Profession 持有的專業資格 頒發日期				頒發機構全名					已達到 / 將達到的程度				
			Date Issued	Full Name of Issuing Authority					Level Attained / to be Attained				
= 14.65													
E. 技能 A	aptitude Inforn	nation			說話			書寫			聆	<u></u>	
語言			Ĩ		Speak		田河 Written			Listen			
		Language			良好	優良	一般	良好	優良	一般	良如		優良
語文能力					Good	Excellent	Fair	Good	Excellent	Fair	Goo	d I	Excellent
Language													
Proficiency	у												
	電腦技	能											
	PC Skil	ls											_
其他技能 Other Skill	-I-I- /-I												_
Ouici Skiii	Others												
													_
	-												_
	•												
F. 現職 /	近職資料 D	etails of	Current / Las	t Employme	nt								
現職 / 近職之每月基本薪金 増薪月份 (如適用者) 其他固定薪酬													
			Next incremental Month (if applicable) Other Fixed Compensation										
港幣 / HK\$基幣 / HK\$其他 (請註明)													
央他 (請註) Other (Please													
				現職離職通知期 最早履				最早履	履職日期				
Expected Monthly Salary			N	Notice Period Required Date A				Date A	Available for				
港幣 / HK\$			fc	for Resignation Assur				Assump	umption of duty				



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G. 諮詢人	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.)								
姓名		職位						
Name:		Position:						
, 機構			關係					
1 Organiz	ation:		Relationship:					
電郵地	- 址		電話					
Email:			Tel.:					
姓名		職位						
Name:		Position:						
2 機構.			關係					
Organiz			Relationship:					
電郵地	址		電話					
Email:			Tel.:					
			1					
H. 聲明 Declaration								
本人明白紀	· 治若故意在填寫申請表時虛報或隱瞞重要事實,或利	· 	以已作更改後通知茲青安全社區及健康城市協會,					
	至失獲本會錄用的資格;即使已本會錄用,亦可遭終		1011 文队及起冲人方文工士已次促炼"城市"励目					
7 47(0	.人授中自然用的复位,你反己中自然用了勿可担然	\$.TT42\11						
T 1 . 1	-1	1						
	that if I willfully give any false information or withhold							
	unity and Healthy City Association any subsequent change	- ·	t will render me liable to disqualification for employment					
by the Assoc	riation or termination of employment, if already employed	d by the Association.						
本人同意刻	青安全社區及健康城市協會可就進行與招聘工作以	以及僱用有關的事宜,及	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	的記錄及資料(其中包括	舌: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					
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。								
PUNKHY 图叹八晃,MX内内例的UXAXH中中外个ATFIN,寻木具TDPXX内例心然,业时为例具对AX共间由内域供进了学座计省。								
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 (includied,								
obtaining a	reference from my current and / or previous employer(s)) and/or referees before of	ffer 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).								
1910 - mil 1900 and aminoring of outli data to outly admirately agencies for quantications assessments.								
大 1 阳白光同辛,加有家两,上述终约会送六雄经嫌虑拥有期终约仍巧应如胆五寸地归始武继维,用以进行的慈丰党人共同互胜电战								
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.								
			由請人簽署 Signature					

姓名 Name _

日期 Date