



職位申請表 Application for Employment

申請職位名稱
Position Applied

A. 個人資料 Personal Particulars

姓名 (正楷填寫) Name (in block letters)	英文 English	中文 Chinese
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香港身分證號 HK ID Card No.	出生日期 Date of Birth	性別 Sex
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手提號碼 Mobile No.	電郵地址 Email Address
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住址
Residential Address

B. 工作經驗 (由近至遠填寫) Work Experience (most recent positions first)

	由 (月/年) From (MM/YY)	至(月/年) To (MM/YY)	全職/兼職 Full-time /Part-time	機構名稱 Name of Organization	職位 Position Held
1.					
	離職原因 Reason for leaving				
2.					
	離職原因 Reason for leaving				
3.					
	離職原因 Reason for leaving				
4.					
	離職原因 Reason for leaving				
5.					
	離職原因 Reason for leaving				
全職工作年數 Total Full-time Employment (Year) :					



C. 學歷 (由近至遠填寫) Academic Attainment (most recent first)				
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 (由近至遠填寫) Professional Qualification (most recent first)			
持有的專業資格 Professional Qualifications	頒發機構全名 Full Name of Issuing Authority	頒發日期 Date Issued	專業程度 Level Attained

E. 技能 Aptitude Information				
語文能力 Language Proficiency				其他技能 Other Skills
語言 Language	一般 Fair	良好 Good	優良 Excellent	電腦技能 PC Skills
廣東話 Cantonese				_____
英文 English				其他 Others
其他 _____				_____

F. 現職/近職資料 Info of Current/Last Employment	
最後薪金 Last Salary	其他津貼 Other Allowance
要求薪金 Expected Salary	可上班日期 Availability

G. 諮詢人 References	
請列出兩位諮詢人資料，以供協會對閣下的品格及工作表現作出查詢。 Please list out two persons, who are known to you and understand your working performances.	
<ul style="list-style-type: none">• 其中一位必須為以前的僱主/直屬上司 One of them must be a past employer/ direct supervisor• 應屆畢業生需填上導師資料以作諮詢 Fresh graduates should quote their lecturers for reference check	
1	姓名 Name: _____ 關係 Relationship: _____ 電話 Telephone: _____ 機構名稱 Organization: _____ 職位 Position: _____ 電郵地址 Email: _____
2	姓名 Name: _____ 關係 Relationship: _____ 電話 Telephone: _____ 機構名稱 Organization: _____ 職位 Position: _____ 電郵地址 Email: _____



H. 聲明 Declaration

Have you ever been found guilty of an offence in Hong Kong or elsewhere, or whether involved in any ongoing criminal proceedings or investigation?

Yes 是 No 否

If yes, please give details 如有，請列明詳情:

你曾否在香港或其他地方被裁定有罪，或涉及任何在進行中的刑事訴訟或調查？

Have you ever been found professional misconduct?

Yes 是 No 否

If yes, please give details 如有，請列明詳情:

你曾否涉及任何專業失德？

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健協會，可令本人喪失獲錄用的資格；即使已獲錄用，亦可遭終止聘用。

本人同意葵青安健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。)

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 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.

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).

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.

申請人姓名
Name of Applicant

簽署
Signature

日期
Date