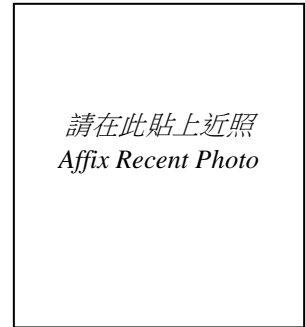




職位申請表 APPLICATION FOR EMPLOYMENT



請在此貼上近照
Affix Recent Photo

申請職位

Application for Employment as _____

中文姓名

Name in Chinese : _____

英文全名

Name in English : _____

性別

年齡

出生日期

出生地點

Sex _____ Age _____ Date of Birth _____ Place of Birth _____

香港身份證號碼 / 護照號碼

國籍

H.K. Identity Card / Passport No. _____ Nationality _____

地址 (中文)

Address: Chinese _____

(英文)

English _____

聯絡電話

Telephone _____

最後支取的薪金：港幣

目前職位離職通知期

Last Salary : HK\$ _____ Notice period for resignation : _____

你從何得知此職位空缺：

From which channels do you know this job vacancy :

- 本院網頁 報章 (請註明): _____ 勞工處 戶外招聘廣告
 PBH Website Newspaper (Pls. specify): _____ Labour Department Outdoor Rrecruitment Poster
 朋友介紹 Facebook 其他 (請註明): _____
 Friends Facebook Others (Pls. specify): _____

Education and Training (in chronological order) 教育及培訓 (按日期順序列出)

Date 日期		Schools, Colleges, Universities, Institutions, etc Attended / Attending	Full time or Part time	Class Attended / Attending
From 由	To 至	曾經/現在就讀的學校、學院、大學、機構等	全日或兼讀	曾經/現在就讀班級

Academic / Professional Attainment (in chronological order) 學歷/專業資格 (按日期順序列出)

Date Obtained 領授日期	Academic / Professional Qualification held 學歷/持有的專業資格	Issuing Authority 頒發機構	Subject Passed and Level Attained 合格科目及獲取程度

Working Experience (in chronological order) 過往工作經驗 (按日期順序列出)

Date 日期		Name of Organisation and Position held	Full time or Part time	Major Responsibilities
From 由	To 至	機構名稱及職位	全日或兼職	主要職責

Reference (Please give name of two referees other than relatives) 諮詢人(兩名與申請人無親屬關係的諮詢人)

Name 姓名	Occupation / Position 職業/職位	Correspondence Address 通訊地址	Tel. No. 電話號碼

Remark: 備註 :	(1)	I understand and undersigned, hereby authorize my present and / or previous employers to release any employment information to Precious Blood Hospital (Caritas) and authorize Precious Blood Hospital (Caritas) to conduct reference check with my present and / or previous employers, and / or job referees. 本人明白及授權現在和/或以往僱主披露本人受僱的資料予寶血醫院(明愛), 並授權寶血醫院(明愛)可向現在和/或以往的僱主和/或諮詢人查詢有關本人的履歷和/或工作評價。
	(2)	I understand that if I willfully give any false information or withhold any material information, I shall render myself liable to dismissal if I am appointed to the service of the Hospital. 本人明白倘若故意虛報資料或隱瞞重要事實, 即使已獲醫院錄用, 亦有可能遭解僱。
	(3)	I understand that under the Personal Data (Privacy Ordinance, I have the right to access to, and correct in of my personal information by submitting a written request to the Human Resources Division. 本人明白根據個人資料(私隱)條例, 本人有權提出書面要求, 向人力資源部查閱及更正本人之個人資料。

申請人簽署

日期

Signature _____

Date _____

- For Human Resources use only -

Date of commencement:		ID Copy:	
Unit / Dept:		Bank a/c:	
Applicant appointed as:		Photos:	
Starting Salary(Pt + CA):		Personal particulars:	
Health check date:		Record of staff immunization status:	
Contract/Inform IC:		MPF form:	