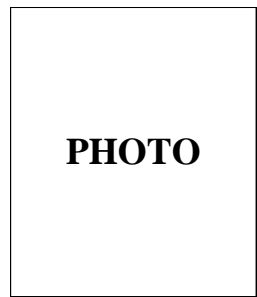


**UNION HOSPITAL 仁安醫院**  
**Job Application Form 職位申請表**



**I. Position Applied 申請職位名稱** \_\_\_\_\_

**II. Personal Particulars 個人資料**

英文姓名  
Name in English: \_\_\_\_\_  
(姓 Surname) (名 Given Name)

中文姓名  
Name in Chinese: \_\_\_\_\_

出生日期  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(日/月/年) (dd/mm/yyyy)

性別  
Gender: \_\_\_\_\_

香港身份證號碼 / 護照號碼  
HKID No. / Passport No.: \_\_\_\_\_

通訊地址  
Correspondence Address: \_\_\_\_\_

日間聯絡電話  
Day Time Contact No.: \_\_\_\_\_

住所電話  
Residential Tel.: \_\_\_\_\_

電郵地址  
E-mail address: \_\_\_\_\_

你曾否申請仁安醫院的職位空缺?  
Have you ever applied job at Union Hospital?  是,申請職位  否  
Yes, position applied: \_\_\_\_\_ No

你曾否受聘於仁安醫院?  
Have you ever been employed by Union Hospital?  是,請填寫下列資料  否  
Yes, please fill in the following information No

職位: \_\_\_\_\_ 受僱日期: 由 \_\_\_\_\_ 至 \_\_\_\_\_  
Position: \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
(日/月/年) (dd/mm/yyyy) (日/月/年) (dd/mm/yyyy)

你從何途徑得知此空缺?  本院網站  勞工處  報紙,名稱:  
How do you know of this vacancy? Hospital Web Site Labour Dept Newspaper, Name: \_\_\_\_\_  
 朋友介紹,請列明:  其他,請列明:  
Friend, please specify: \_\_\_\_\_ Others, please specify: \_\_\_\_\_

**III. Qualification and Training 學歷及專業資格**

Please continue on a separate sheet if necessary 如不敷應用,請另加附頁

考獲資歷 Qualification Obtained	學校名稱 School/ College/ University	由: 月/年 From: mm/yy	至: 月/年 To: mm/yy

HRD-065-20-1406(R6)

# UNION HOSPITAL 仁安醫院

## Job Application Form 職位申請表

### IV. Employment History 工作經驗

Please continue on a separate sheet if necessary 如不敷應用, 請另加附頁

由: 月/年 From: MM/YY	至: 月/年 To: MM/YY	機構名稱 Name of Organization	全/兼職 Full/Part Time	受僱職位 Position	離職原因 Reason of Resignation

### V. Further Information 其他資料

Please explain below how your experience, skills and knowledge gained in paid or unpaid work, study or training meet the selection criteria for the post.

請列出你認為在過去受薪和非受薪工作、學習或訓練中所獲得與申請職位甄選準則相符的經驗、技術和知識。

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### VI. 要求待遇

Expected Salary: \_\_\_\_\_

### 到職日期

Availability Date: \_\_\_\_\_

### VII. Declaration 聲明

1. I hereby declare that I \*have/ have not been convicted of a criminal offence in a court of law. I have read through and understood the "Personal Information Collection Statement" issued by the Union Hospital. I fully understand the purpose(s) for collecting my personal data and their uses. I also understand that if I willfully give any false information or withhold any material information, including my health condition, I shall render myself liable to dismissal from employment with the Union Medical Centre Ltd. (Note: A criminal conviction is NOT necessarily a barrier to employment.)  
 聲明: 本人\*從未/曾經因刑事事件被法庭定罪。本人已細閱並明白仁安醫院提供之"個人資料收集聲明", 並明瞭收集本人的個人資料的目的及其用途。本人亦明白倘若故意提供虛假資料或隱瞞事實, 包括身體健康狀況, 即使獲仁安醫院錄用, 亦有遭受即時解僱之虞。(註: 曾犯刑事案者, 未必不獲錄用)

2. I hereby give my consent to the designated staff of Union Hospital or its representative to obtain information from my existing/previous employer(s) and referee, and the institution(s) as listed in the job application form/ my curriculum vitae, to conduct reference check, educational verification, and credential verification for the purpose of evaluating my suitability for appointment.  
 本人同意仁安醫院或其代表可就有關職位招聘或甄選事宜, 向本人已列於上表或履歷中之現職/前僱主或諮詢人索取有關本人之工作表現及品格記錄, 及向有關院校/機構查詢本人之學歷及專業資格。

3. Please answer the following questions by ticking YES or NO for health declaration:  
 (Note: A chronic illness is NOT a barrier to the consideration of an application for employment. )  
 請填寫以下健康聲明, 並以☐表示「是」或「否」(註: 健康狀況並不會作為取錄的重要考慮因素)

Did you need to take psychiatric medication during the past 12 months? 在過去12個月內, 你是否需要服食精神科藥物?  
 NO 否  YES 是 (please specify 請列明 \_\_\_\_\_)

Do you need to take any medication regularly? 你是否需要長期服用任何藥物?  
 NO 否  YES 是 (please specify 請列明 \_\_\_\_\_)

簽署

Signature: \_\_\_\_\_

日期

Date: \_\_\_\_\_

\* 請刪除不適用者 Please delete if not applicable