

UNION HOSPITAL 仁安醫院

Job Application Form 職位申請表

PHOTO

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

Yes, position applied:

否

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

Yes, please fill in the following information

否

No

職位:

Position:

受僱日期:

Date of Employment:

由

From

至

to

(日/月/年) (dd/mm/yyyy)

(日/月/年) (dd/mm/yyyy)

你從何途徑得知此空缺?

How do you know of this vacancy?

本院網站

Hospital Web Site

勞工處

Labour Dept

報紙,名稱:

Newspaper, Name: _____

朋友介紹,請列明:

Friend, please specify: _____

其他,請列明:

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: From:	月/年 mm/yy	至: To:	月/年 mm/yy

HRD-065-23-1406(R7)

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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。

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/ 曾經因刑事案件被法庭定罪。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