

## 寶 血 醫 院 (明 愛)

### Precious Blood Hospital (Caritas)

# 職 位 申 請 表 APPLICATION FOR EMPLOYMENT

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

密 件 Confidential

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Criminal Offence 刑事記錄(A criminal conviction is not necessarily a barrier to appointment. 申請人之刑事記錄・不一定導致不復本院聘用。)  Have you ever been convicted of a criminal offence?    No 否					_		Corre	=			
Have you ever been convicted of a criminal offence?    No 否		姓名	1		職業/職位			通訊地址		電話號碼	
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Do you know anyone working in Precious Blood Hospital (Caritas)?  「No 否 (如 " 在Yee" 南必須埃斯姓名及關係								I	Specify 請	註明	
Do you know anyone working in Precious Blood Hospital (Caritas)?    No 否	Connection	ons	本院任	職之籍	<b>親友</b>						
(1) myself liable to dismissal if I am appointed to the service of the Hospital. 本人明白倘若故意虚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。   All personal data collected will be used for recruitment and employment purpose only. For access to or correction of your personal data, please contact the Human Resources Department at 3971-9905. Personal data of unsuccessful applicants will be retained for a period of 1 year. Information of unsuccessful applicants will be testroyed by then. 本院所收集個人資料,開致電 3971-9905 與本院人力資源部聯絡。本院將保留落選者的個人資料爲期 1 年,最終未獲取錄的申請人資料將會被銷毀。   1 understand and consent that the information given above will be provided to the Hospital for purpose relating to appointment.本人(申請者)明白及同意上述資料只提供本公司作爲招聘之用。   日期	Do you kn	ow a	nyone v	vorking	g in Precious Blood Ho	ospital (Carita	as)? [				
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Signature Date		(3)							to the Hospi	ital for purpose relating to	
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#### 寶 血 醫 院 (明 愛)

**Precious Blood Hospital (Caritas)** 

#### 諮詢授權書 Reference Check Authorization

-	本人在此聲明,本人在此申請表內所提供的資料全部正確無誤。本人明白,若所提供的資料
	不正確,本人將不被錄用或即使被錄用也可被解僱。

I declare that all of the information provided is true and correct. I understand that any false information is sufficient ground to disqualify the appointment or termination after employment.

本人現授權並同意本人的前僱主和現任僱主和任何教育機構向寶血醫院(明愛)提供本人之受僱記錄(包括薪金、其他收入及工作表現等)、學業成就和資格。本人明白所提供之資料會保密處理。

I hereby authorize and give my consent to my pervious and existing employer(s) and any educational professional institutes(s) to release information concerning my employment record (including salaries & other incomes, performance, etc), academic achievements and qualifications to Precious Blood Hospital (Caritas). I understand that this information will be treated in strictest confidence.

申請人姓名: Applicant's Name	身份証號碼: HKID No	
申請人簽署: Applicant's signature	日期: Date	

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