



寶血醫院 (明愛)
Precious Blood Hospital (Caritas)

職位申請表 APPLICATION FOR EMPLOYMENT

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 Recruitment 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 Organization 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

Criminal Offence 刑事記錄 (A criminal conviction is not necessarily a barrier to appointment. 申請人之刑事記錄，不一定導致不獲本院聘用。)

Have you ever been convicted of a criminal offence? 閣下曾否被判刑事罪行?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有: Please Specify 請註明 _____
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Connections 本院任職之親友

Do you know anyone working in Precious Blood Hospital (Caritas)? 你有否認識現時於本院任職之人士?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有 Name 姓名: _____ Relationship 關係: _____	(如 "有Yes" 請必須填寫姓名及關係)
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Remark 備註 :	(1)	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。
	(2)	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 destroyed by then. 本院所收集個人資料只用作招聘及僱用用途。如欲查詢或更正所填報的個人資料，請致電 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為期1年，最終未獲取錄的申請人資料將會被銷毀。
	(3)	I 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為招聘之用。

申請人簽署

Signature _____

日期

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:	



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
