

## **Application for Employment**

CONFIDENTIAL 機密 SPHF-HRD-035

職位申請表

Positi	ion App	lied 申請職位						
Positio	n 職位				Department 部門			
(1) (2) (3) (4) (5)	Please of Please er 請確保所 Please se 請將填妥 The perso job duties 聖保祿醫 Under the exercise t 根據《個	nsure that all informand in the completed for the completed for the properties of the applied positions of the applied p	。如空位不敷,申請人應另頁詳別有關資 orm with required documents to Human R 書/資歷的副本寄「香港銅鑼灣東院道2號, it is application form will be used by St. it ion and future's employment purpose sut 機構會將本申請表所收集的個人資料,使 vacy) Ordinance, you have a right to requ contact our Human Resources Departme ,閣下有權要求查閱及改正申請表上所填	图料。 Resources Depar 聖保祿醫院人力 Paul's Hospital bject to selection 史用於評估申請者 uest access to, a ent.	tal, and its subsidies or associate companies to assess applicant's suitability to assume the			
		ticulars 個人	<u>資料</u>	Name in C	Chinasa Haribut A			
Full Na	ame in Er	nglish 英文全名		Name in C	Chinese 中文姓名			
(Surnam	ne 姓氏)	(Given na	me 名字)					
HKID /	Passpor	t No. * 香港身份	證/護照號碼	Date of Bir	Birth 出生日期			
				-	(dd/mm/yyyy 日/月/年)			
Day Ti	me Conta	act No. 日間聯絡	各電話 E-mail Address	電郵地址	照片			
		e Address 通訊						
	emic At om ⊞	tainment 學歷 To 至	图 (in chronological order Institute attended / attending					
MM 月		MM 月 YY 年	P術機構	•	「/PT Academic Attainment 學歷 ∃/兼讀 (Please attach Copy of certificates 請附證書副本)			
Profe	ssional	Qualification	s 專業資格					
Year 年份		ı	Issuing Authority 頒發機構		Professional Qualifications 專業資格 (Please attach Copy of certificates 請附證書副本)			
					(Fiduce distance Copy) of continuation manifestation (Figure 1)			

Revised Date: 15/4/2020 Page 1 of 2



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Work Experience 工作經驗 (in chronological order 按日期順序列出)										
	m <u>H</u>		至	Organization / Company	Position	FT / PT	Reason for Leaving			
MM 月	YY 年	MM 月	YY年	機構/公司	職位	全/兼職	離職原因			
Other	Additio	nal Inf	ormati	 on 其他額外資料						
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			is vacan 本院網頁	ncy? 你如何得知此職位空缺?  「Triend 朋友	□ Online Recruitment 招聘網	7.E •				
			本的。 nent 勞二		□ Others 其他:	<b>₽</b> □•				
				金及津貼	2.1.=					
			-		D					
	ted Sala	ary HK\$			Date of Availability					
要求薪	'盂	пиф			可到職日期					
Refere	es 諮詢	人								
	Name	姓名		Company / Organization 公司/ 機構	Position 職位	Relationship 關係	Contact no. 聯絡電話			
Decla	ration <b></b>	聲明								
1.	Have	OU AVO	r heen	employed by St. Paul's Hospital?						
1.	-		聖保禄							
		Yes 是		Bosition	From	to				
	_	103 定		職位:	由	至				
		No 否		. IASA PITT	—————————————————————————————————————		d/mm/yyyy 日/月/年)			
2			are that	I □ have / □ have not been convi			2222 G-74- 17			
	I hereby declare that I □ have / □ have not been convicted of any criminal offence in a court of law. 本人聲明 □ 曾 / □ 未曾被法庭裁定觸犯刑事法例。									
3.	I understand the purpose(s) for collecting my personal data and their use. 本人明白有關本人所提供之個人資料之用途。									
4.	I understand that if I wilfully give any false information or withhold any material information, I shall render myself liable to dismissal if I am employed to the service of St. Paul's Hospital.									
	本人明白若蓄意提供虛假資料或隱瞞重要事實,即使已獲聖保祿醫院聘用,亦可導致本人遭解僱。									
Signat	ure 簽	署 :			Date 日期:	e 日期:				

\* Please delete as appropriate 請刪去不適用者

Revised Date: 15/4/2020 Page 2 of 2