

# 職位申請表 Job Application Form

ADM-HR-004 (Sep 2023)

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I. 申請	職位名稱	Title of Job Applied for:			
			(*全職 Full-time / 兼職	Part-time)	
		(職位 Position)			
	- , , ,	sonal Particulars:			
英文姓名!	Full Name i	n English:(Mr / Miss / Ms / Mrs*)	中文姓名 Name in Chinese:(先生/小姐/女士/	太太*)	
	M ASE HITH ERE	HIGD / D	III # Data of Direth.		
香港身份證	刮 護照號碼	HKID / Passport No.*	出生日期 Date of Birth:		
			// 日 dd / 月 mm / 年 yyyy		
住址 Resid	dential Addr	ess.	日 dd / 月 mm / 年 yyyy		
T-4   1 (00)	Jornal / laur				
通訊地址 C	Corresponde	ence Address (如與上址不同 if diffe	erent from above):		
住所電話 T	elephone N	lo. (Home):	手提電話 Telephone No. (Mobile):		
電郵地址 E	mail Addre	SS:			
是否需要或		證? Do you need or hold a Hong	Kong Employment Visa?		
□是Y		·			
			d Training (In Chronological Order):		
		是供,可省略填寫此部份 Can be o 衍頁 Please continue on a separat	mitted if already provided in the resume attac e sheet if necessary	hed	
	Date	曾就讀的學校、學院、	-	全日或	
由From	至 To	大學、機構等	獲取的學歷或資格 (列明科目及程度)  Qualification Obtained	兼讀	
(月/年)	(月/年)	Schools, Colleges, Universities Institutions, etc. Attended	(with subjects & levels)	Full-time / Part-time	
(mm/yyyy)	(mm/yyyy)	mstitutions, etc. Attended		rait-tillie	

<sup>\*</sup> 請刪去不適用者 Please delete if not applicable

## 如已在附上的履歷中提供,可省略填寫此部份 Can be omitted if already provided in the resume attached 如不敷應用,請另加附頁 Please continue on a separate sheet if necessary 頒授日期 學歷/持有的專業資格 合格科目及獲取程度 頒發機構 **Date Obtained Academic / Professional Subjects Passed and Issuing Authority** (月/年) (mm/yyyy) **Qualification Held Level Attained** V. 工作經驗 (按日期順序列出) Working Experience (In Chronological Order): 如已在附上的履歷中提供,可省略填寫此部份 Can be omitted if already provided in the resume attached 如不敷應用,請另加附頁 Please continue on a separate sheet if necessary 日期 Date 全職/兼職 主要職責 機構名稱 受僱職位 **☆ From** 至 To Full-time / Major **Position** Name of Organisation (月/年) (月/年) Part-time Responsibilities (mm/yyyy)<mark>(mm/yyyy</mark>) VI. 現時薪金與其他津貼 Remuneration Package: 最後支取之底薪 Last Drawn Basic Salary: 目前職位離職通知期 (每月 per month / 每年 per year\*) HK\$ (港元) Notice Period for Resignation: 每年獲發薪 No. of Months' Pay per year 月 Month(s) 固定津貼 Regular Allowance: 月 Month(s) / (每月 per month / 每年 per year\*) HK\$ (港元) ∃ Day(s)\* 其他(佣金、花紅等) Others (Commissions, Bonus, etc.): (每月 per month / 每年 per year\*) HK\$ (港元)

IV. 學歷/專業資格 (按日期順序列出)

Academic / Professional Attainment (In Chronological Order):

2/4 Update: September 2023

<sup>\*</sup> 請刪去不適用者 Please delete if not applicable

	其他資料 Others:						
1. 是否有親屬或朋友現職於本會 Do you have any relative(s) or friend(s) currently employed by the HKACS?							
□ 否 No / □ 是 Yes (如有,請加以說明 Please specify)  (姓名、職位及關係 Name, Post & Relationship)							
2. 你從何途徑得知此職位空缺 From which channel(s) do you know this job vacancy?							
□ 本會網頁 HKACS's Website □ 勞工處 Labour Department							
	□ 朋友介紹 Friend's Referral □ 社福機構/培訓機構 Social / Training Organisation						
	□ 招聘網頁 Recruitment Website (請例明 Please specify: <u>JobsDB / CTgoodjobs / JobMarket /</u> ———————————————————————————————————						
□ 其他 Others (請例明 Please specify:)							
VIII	. 要求待遇 Expected Salary:	到職日期 Available Date:					
	- XACIONE EXPOSION COMM. y.	23194 11 79	, , , , , , , , , , , , , , , , , , ,				
IX.	諮詢人姓名及地址 Names and Address	es of Refere					
1.	姓名 Name:		關係 Relationship:				
	電郵 Email:		職業 Occupation:				
	公司名稱 Company Name:	電話號碼 Tel. No.:					
	地址 Address:						
2.	姓名 Name:	關係 Relationship:					
	電郵 Email:		職業 Occupation:				
	公司名稱 Company Name:	電話號碼 Tel. No.:					
	也址 Address:						
<b>X.</b> 3	型明 Declaration:						
1.	茲特聲明:本人*從未/曾經 因刑事案件被	法庭定罪。					
	如有,請列明:						
	(註: 曾犯刑事案者,未必不獲聘用)						
	I hereby declare that I * have not / have been convicted of a criminal offence in a court of law.						
	If yes, please state:						
2.	(Note: A criminal conviction is not necessarily a barrier to employment)  ■ 本人已細閱並明白香港防癌會提供之「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。						
	· 一 本人已細菌並明白香港的癌質提供之一個人真科似集奪明」,並明瞭収集本人的個人真科的目的及其用述。 本人亦明白倘若故意提供虛假資料或隱瞞事實,即使獲香港防癌會錄用,亦有遭受即時解僱之虞。						
	☐ I have read through and understood the "Personal Information Collection Statement" provided by The						
	Hong Kong Anti-Cancer Society. I fully understand the purpose(s) for collecting my personal data and their uses. I also understand that if I wilfully give any false information or withhold any material information, I						
	shall render myself liable to dismissal from employment with The Hong Kong Anti-Cancer Society.						
簽署 Signature: 日期 Date:							

\* *請刪去不適用者 Please delete if not applicable*□ *請在適當處加 "√" Put "√" as appropriate* 



## 向第三者收集個人資料聲明

香港防癌會在考慮聘用時,或會聯絡閣下過往 或/及 現職之僱主查詢。閣下如獲本會聘用,聘用條款須經本會批核有關文件及資料後,方為有效。

### **Data Collection from Third Parties**

The Hong Kong Anti-Cancer Society may contact your previous and/or existing employer(s) concerning any record and information relating to your employment. Our employment offer is subject to satisfactory reference check.

### 授權書

本人同意香港防癌會或其代表查閱及索取本人過往 或/及 現職之僱傭聘用資料,並同時授權本人過往 或/及 現職之僱主向香港防癌會提供一切有關資料。

注意:請簽署授權書並連同職位申請表一併交回。

#### **Reference Check Authorisation**

I hereby authorise The Hong Kong Anti-Cancer Society or its representative to perform reference check in connection with my previous and/or present employment. I hereby also give my consent to my previous and/or existing employer(s) to release such information to The Hong Kong Anti-Cancer Society.

Note: Please sign and attach this authorisation together with your completed Job Application Form.

簽名 Signature	日期 Date	
姓名 Name	香港身份證號碼 HKID No.	

4/4 Update: September 2023