

APPLICATION FOR EMPLOYMENT 職 位 申 請 表



市民健康、員工開心、大眾信賴 Healthy People, Happy Staff, Trusted by the Community





與民攜手 保健安康 Helping People Stay Healthy



以人為先 People-centred Care 專業為本 Professional Service 敬業樂業 Committed Staff 群策群力 Teamwork

- (1) Please complete every item in <u>BLOCK LETTERS</u>. 請用正楷填寫各項。
- (2) Please ensure that all information is accurate and complete. Copies of certificates/qualifications should be attached.

 If necessary, please give details on a separate sheet to be attached to this application form.

 各項均須正確填妥,並請檢附任何證書/資歷的副本。如有需要,申請人應另頁詳列其有關資料,並附於本申請表。
- (3) The information provided will be used for appointment to the HA and other employment-related purposes. It may be provided to departments / agencies authorized to process the information for purposes relating to appointment e.g. qualifications assessment and medical examination. Information on unsuccessful candidates will be destroyed after the recruitment exercise when no longer required.

申請人所提供的資料,將用於招聘醫管局員工以及其他與聘用有關的事宜上。有關資料可能會送交獲授權處理醫管局職位申請人資料的部門/機構,以便進行與聘用有關的事宜,例如學歷評審及體格檢查。招聘程序完成後,未獲取錄申請人的資料如已無須保留,將全部銷毀。

Notes 備註

- (4) Please refer to the 'Personnel Record Notice' (Notice) for more details and interpretation on the collection, use, disclosure and transfer of the Personal Data you provide to us. The Notice can be obtained from Human Resources Departments of all HA Institutions.
 - 有關你提供的個人資料之收集、使用、透露或轉移的釋義及詳情,請參閱「人事紀錄通知書」。「人事紀錄通知書」可向 醫管局轄下各醫院的人力資源部索取。
- (5) For correction of or access to personal data after submission of this application, please contact the relevant Data Controller of the hospital / HA Head Office which advertised the vacancy you are applying for during office hours. 提交申請表後,如欲更改或查詢個人資料,請在辦公時間內與你所申請職位空缺的有關醫院/醫管局辦事處的資料控制員聯絡。
- (6) For staff currently working in HA, please use "Internal Recruitment Application Form " No. HA(G)13A. 現任醫管局員工,請用「內部招聘申請表」編號 HA(G)13A。

	Application No.			
				申請表編號 (For office use only 只供有關部門填寫)
			L	
(Position)	in (Name of Of	fice/Hospital/Institution)	(Pc	esition reference)
職位	辦公室/醫院			立參考編號
Personal Particulars 個	人資料			
Fu ll Name in English (Mr/l 英文全名	Ms/Mrs*#)	Name in Chinese 中文姓名 (先生 / ऋ	女十 / 太太 *:	#) Date of Birth 出生日期
)(/_		12021		
Hong Kong Identity Card / 香港身份證 / 護照 / 旅行證	Passport / Travel Document * Number			DDMMYYYY
首/包罗切祖/ 设照/ 派门祖	1十 幼元 14句			日月年
Residential Address 住址				
Correspondence Address	通訊地址 (If different from the addres	s given above 如與上址不同)	
Residential Telephone Nu		me Contact Number		Number
住所電話	辦事處 / 日間聯	#絡電話 	傳真器	虎 峙
	!			
	in chronological order) 教育及培	訓(按日期順序列出)		
Date 日期	Schools, Colleges, Universities	, Institutions, etc	Full or	Class
Date 日期 From 由 To 至 Month Year Month Year		, Institutions, etc	Fu ll or art-time 日或兼讀	Class Attended / Attending 曾經 / 現正就讀班級
Date 日期 From 由 To 至	Schools, Colleges, Universities Attended / Attend	, Institutions, etc	art-time	Attended / Attending
Date 日期 From 由 To 至 Month Year Month Year	Schools, Colleges, Universities Attended / Attend	, Institutions, etc	art-time	Attended / Attending
Date 日期 From 由 To 至 Month Year Month Year	Schools, Colleges, Universities Attended / Attend	, Institutions, etc	art-time	Attended / Attending
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Date 日期 From 由 To 至 Month Year 月 年	Schools, Colleges, Universities Attended / Attend	,Institutions,etc ing Pi 大學、機構等 全	art-time 日或兼讀	Attended / Attending
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Date 日期 From 由 To至 Month Year 月 Pear 月 Academic/Professional A Date Obtained 領授日期	Schools, Colleges, Universities Attended / Attend 曾經 / 現在就讀的學校、學院、 Attainment (in chronological order) Academic / Professional Qualification Held	,Institutions,etc ing Pi 大學、機構等 全 學歷/專業資格(按日期》 Issuing Authority	art-time 日或兼讀	Attended / Attending 曾經 / 現正就讀班級 Subjects Passed and Level Attained
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Date 日期 From 由 To至 Month Year 月 Pear 月 Academic/Professional A Date Obtained 領授日期	Schools, Colleges, Universities Attended / Attend 曾經 / 現在就讀的學校、學院、 Attainment (in chronological order) Academic / Professional Qualification Held	,Institutions,etc ing Pi 大學、機構等 全 學歷/專業資格(按日期》 Issuing Authority	art-time 日或兼讀	Attended / Attending 曾經 / 現正就讀班級 Subjects Passed and Level Attained

^{*}Please delete as appropriate 請刪去不適用者 # Optional 可選擇不填寫

Date 日期			Name of Organisation and	Full or	Malan Danis and Butter	
	m 由 Year		至	Position Held 機構名稱及職位	Part-time 全職或兼職	Major Responsibilities 主要職責
Month 月	年	Month 月	Year 年	1及1冊 口1竹/又4以口	土地以水地	
Please	e aive de	tails o	n a sen	arate sheet when there is insufficier	nt space for com	 npletion. 如空位不敷填寫,請另紙詳列資料。
	3		·		·	
< −						
						if you wish to receive an acknowledgement of
licatio	on. 申請	人如為	希望獲知	1已收到其申請表,請填妥下列資料	,並附上一個回	<i>国郵信封。</i>
		R EM	PLOYM	IENT AS		IN
申請	書			(Positio (職位名	on) 稱)	(Name of Office/Hospital/Institution) (辦事處/醫院/機構名稱)
						[<u>* </u>
	Name	姓	名			Application No. 申請表編號
	Addres	s 地:	址			
						(For office use or
						(For office use of (只供有關部門填

Remur	neration Package 現時薪金	总 與其他津貼				
Last Dra	wn Basic Salary 最後支取之底薪		No. of months' pay	per year:		Notice period for
(per mor	nth 每月 / per year 每年)* HK\$.	(港元)	每年獲發薪	m	onths 月	resignation:
Regular	Allowances 固定津貼		Others (Commission	ns, Bonus, etc) 其他(佣金	:、花紅等)	目前職位離職通知期
(per mor	nth 每月 / per year 每年)* HK\$.	(港元)	HK\$		(港元)	
			(per month 每月 / pe	er year 每年)*		months 月 / days 日*
Other A	Additional Relevant Informa	tion 其他額外有關資	料			
Declara	ation 聲明					
	u ever been employed by the HA? 聴於醫管局?					
小百百叉 Answer		lowing information (including part-	time/temporary positio	ns):		
請答		(包括兼職或臨時職位): Hospital/Institution 醫院/機権	兼職或臨時職位):			
			From		То	至
or 或	No 否			(dd/mm/yy) (日/月/年		(dd/mm/yy) (日/月/年)
Are you	applying this position for re-empl 此職位以在退休後重新受僱於醫院管		nal retirement?	Yes 是	No 否	
-	leave the HA service under Volunta 與醫院管理局自願提早退休計劃退休		?	Yes 是	No 否	
I under if appli	take to report any changes to cable.	information provided in	this application fi	om the date shown h	ereunder	to the date I report duty,
本人承記	諾,如在下署日期和到職日期。	之間有任何就業變動,而與	這申請表申報資料	4不符,定會作出報告	0	
if I am	stand that if I wilfully give an appointed to the service of the	e HA.	•		l render i	myself liable to dismissal
4人明	白倘若故意虛報資料或隱瞞重	_英 事貫,即便已獲醫官局錄	ī用,小月 可能遭所	‡1雁 °		
			=	ure		
日期	dalaka aa auguu watata =± mi	一	簽署			
	delete as appropriate 請刪	云 个週用看				
% ─ .				. – – – – –		>=
De	ear Sir/Madam.		敬啟者	:		

ACKNOWLEDGEMENT OF APPLICATION

Thank you for your application.

We will consider your application in details and contact you if further information is required and/or you are invited for interview.

Yours faithfully,
For and on behalf of
Hospital Authority

申請書覆函

多謝你申請醫院管理局的工作。

我們會詳細考慮您的申請,並會在需要索取更多資料及/或於邀請您出席面試時再與您聯絡。

謹代表醫院管理局