



職位申請表

JOB APPLICATION FORM

(填寫前請參閱背頁說明)

(Please read the notes overleaf before completing this form)

第一部份 PART I: 職位資料 JOB DETAILS

申請職位 Post Applied for	職位編號 Reference Code
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第二部份 PART II: 個人資料 PERSONAL PARTICULARS

姓名 (正楷書寫) Name in Full (in Block) 中文 Chinese 英文 English	*香港身份證/旅行證件號碼 *HK Identity Card/Travel Document No. 電郵地址 E-mail Address	相片 Photo (可選擇貼上) (Optional)
出生日期 Date of Birth 國籍 Nationality	聯絡電話 Contact Telephone 手提 Mobile 住宅 Home 辦公室 Office	
通訊地址 Correspondence Address 中文 Chinese 英文 English		

第三部份 PART III: 教育/學歷(按就讀/考獲資格日期順序列出) EDUCATION/ACADEMIC ATTAINMENT (in chronological order)

就讀班級/學系/學歷/專業資格 Class/Department Attended/ Academic/ Professional Qualifications	就讀學校/ 頒發機構 School Attended/ Issuing Authority	就讀日期/考獲日期 Period of Study/ Date Attained		+如持學歷/專業資格, 請註明合 格的科目及成績(例如: 良、中 級、甲等乙級榮譽學位等) +For Academic/Professional Qualifications, please specify: Subjects Passed and Grade/ Level Attained (e.g. Credit, Intermediate, Second Class Honour Division I, etc.)	此欄祇供本院填寫 For Official Use Only 學歷正本呈核 Original Document Available	
		由(月/年)或 考獲日期 From(M/Y) or Date Attained	至(月/年) To(M/Y)		有(Y)/ 否(N)	備註 Remarks

第四部份 PART IV: 回郵地址 MAILING ADDRESS

姓名 Name	姓名 Name
地址 Address	地址 Address

轉背頁 P.T.O.

第五部份 PART V: 工作經驗 WORKING EXPERIENCE

請按任職日期順序列出截至目前為止的就業詳情 (包括兼職在內)
 FULL EMPLOYMENT RECORD (INCLUDING PART-TIME JOB) TO DATE (in chronological order)

機構名稱 Name of Firm	@全職 @Full Time	@兼職/臨時 @Part Time/ @Temporary	最後擔任職位 Last Position	薪金 Salary	由(日/月/年) From (D/M/Y)	至(日/月/年) To (D/M/Y)

第六部份 PART VI: 諮詢人及曾向東華三院申請的職位 REFEREES AND PREVIOUS APPLIED POST(S) IN TUNG WAH GROUP OF HOSPITALS
 諮詢人 (請提供能就你的工作能力及品格給予意見的兩位非近親人士的資料及聯絡方法，其中一位須為你最近的僱主。東華三院/東華三院牙科服務有限公司在決定聘用你前，可能會諮詢他/她們。)
 REFEREES (Please supply information and contact of two persons who can comment on your capabilities and conduct. They must not be your next of kin and one of whom should be your most recent employer. Before the Tung Wah Group of Hospitals/TWGHs Dental Services Limited decides to offer you a post, we may contact them and seek their references.)

姓名 Name	職業 Occupation	關係 Relationship	電話 Telephone No.	電郵地址 E-mail Address	機構名稱及地址 Name and Address of Organization

本人曾向東華三院/東華三院牙科服務有限公司申請下列職位：
 I have previously applied for the following post(s) in the Tung Wah Group of Hospitals/TWGHs Dental Services Limited:

職位 Post	日期 Date	結果 Results
		*取錄/落選/備取/不獲約見/其他請註明： *Offered/Rejected/Waiting list/Not interviewed/Others, please specify: _____
		*取錄/落選/備取/不獲約見/其他請註明： *Offered/Rejected/Waiting list/Not interviewed/Others, please specify: _____

第七部份 PART VII: 聲明 DECLARATION

1. 茲特聲明：本人**從未** / **曾經**因任何刑事案件(包括性罪行)被法庭定罪。本人已閱畢東華三院/東華三院牙科服務有限公司人事紀錄通知書(附件)，並明瞭收集本人的個人資料的目的及其用途。本人亦明白倘若故意提供虛假資料或隱瞞事實(包括身體健康狀況)，即使獲東華三院/東華三院牙科服務有限公司錄用，亦有可能遭即時解僱。(註：曾犯刑事案者，未必不獲錄用。)
 I hereby declare that I **have** / **have not** been convicted of any criminal offence (including sexual offence) in a court of law. I have read through the Personnel Records Notice issued by the Tung Wah Group of Hospitals/TWGHs Dental Services Limited (attached). I fully understand the purpose(s) for collecting my personal data and their use. I also understand that if I wilfully give any false information or withhold any material information (including my health condition), I shall render myself liable to dismissal despite that I am appointed to the service of Tung Wah Group of Hospitals/TWGHs Dental Services Limited. (Note : A criminal conviction is not necessarily a barrier to employment.)

2. 本人**沒有** / **已持有**有效的新冠疫苗接種證明文件 (已接種疫苗劑數：_____) / **已持有**新冠疫苗接種醫學豁免證明書，有效期直至_____(日/月/年) / 其他(請註明)：_____
 I **have not** / **have** obtained valid COVID-19 vaccination records (No. of doses received: _____) / **have** obtained a COVID-19 Vaccination Medical Exemption Certificate valid up to _____ (D/M/Y) / **Others** (Please specify) : _____

3. 本人授權東華三院/東華三院牙科服務有限公司就上述目的將本人提供的資料披露予通知書上所列的有關人士及機構，並同意東華三院/東華三院牙科服務有限公司或其代表在考慮本人的職位申請時，可向上述諮詢人查詢本人的工作及品格紀錄，而本人亦授權上述諮詢人向東華三院/東華三院牙科服務有限公司披露有關資料。
 I authorize Tung Wah Group of Hospitals/TWGHs Dental Services Limited to disclose relevant data that I have provided to the person(s) and organization(s) as stated for the above purpose(s) in the Notice, and I hereby give my consent to Tung Wah Group of Hospitals/TWGHs Dental Services Limited or its delegate to obtain and the referee(s) listed above to release information regarding my employment and conduct for the consideration of my job application.

日期
Date

簽署
Signature

第八部份 PART VIII: 說明 NOTES

1. 各欄資料必須正確填報。如遇空位不足時，可另紙書寫。
 Please ensure that all information contained in this application form is accurate. If there is insufficient space, you may send in your particulars on a separate sheet of paper.

2. 如所填資料含糊不清，未能顯示你具有該職位所規定最低限度的學歷、訓練或經驗，申請書將不獲接納。
 Your application will be rejected if you fail to indicate that you have the minimum qualifications, training or experience specified for the job.

3. 填妥的申請書請寄回香港上環普仁街十二號東華三院黃鳳翎紀念大樓四樓人力資源科主管收。一切證書現時毋須檢附。
 The completed application form should be returned to the Head of Human Resources Division, Tung Wah Group of Hospitals, 4/F., Wong Fung Ling Memorial Building, 12 Po Yan Street, Hong Kong. There is no need to enclose any originals or copies of certificates with this application.

4. *請刪去不適用者。*Please delete as appropriate.

5. @/□請在適當的方格內加上✓號。@/□Please ✓ the appropriate box.

6. +有關速記及打字技巧，請註明考獲速度；而持有文憑/學位的申請人，請註明主修及副修科目。
 +For shorthand and typing skills, please indicate the highest speed attained; and for holders of diploma/degree, please indicate major and minor subjects taken.

東華三院/東華三院牙科服務有限公司

人事紀錄通知書

在向東華三院(本機構)/東華三院牙科服務有限公司(本公司)提供任何個人資料之前，請閱讀本通知書。

本機構/本公司會將你不時提供的個人資料，作為有關你受僱／可能受僱於本機構/本公司的用途。

當你提供這些個人資料時，請確保這些資料是準確及完整的。如果你不向本機構/本公司提供所需的資料或你提供錯誤／不完整的資料，你受僱／可能受僱於本機構/本公司的情況將會受到影響（包括遭即時解僱，即使你已獲本機構/本公司錄用）。

同時，請注意你的個人資料可能會被本機構/本公司交予：

- 本機構/本公司內的有關人士；
- 需要該等資料作為你受僱或服務於本機構/本公司的任何其他有關人等或機構；
- 根據法例本機構/本公司得按法例的要求及指明的用途和目的提供該等資料予任何有關政府部門／適當的機構；或
- 在法律容許或授權的情況下。

本機構/本公司將會在得到你的同意後，才使用你的個人資料作為其他目的。

如果你希望根據《個人資料(私隱)條例》要求查閱和／或改正你的個人資料，請將你的要求以書面寄交香港上環普仁街十二號東華三院黃鳳翎紀念大樓四樓人力資源科副主管(人力資源)。

**TUNG WAH GROUP OF HOSPITALS(Tung Wah)/
TWGHs DENTAL SERVICES LIMITED (TWGHs DSL)**

PERSONNEL RECORDS NOTICE

Please read this notice before you provide any personal data to Tung Wah/TWGHs DSL.

The personal data provided by you from time to time will be used by Tung Wah/TWGHs DSL for purposes relating to your employment/prospective employment with Tung Wah/TWGHs DSL.

When you provide personal data to us, please make sure that the data are accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, your employment/prospective employment with Tung Wah/TWGHs DSL will be affected (including dismissal despite being appointed to the service of Tung Wah/TWGHs DSL).

Please also note that your personal data may be made available to:

- appropriate persons in Tung Wah/TWGHs DSL;
- any other relevant parties who require them for matters related to your employment with or generally in respect of your provisions of services to Tung Wah/TWGHs DSL;
- any relevant government departments/appropriate authorities when Tung Wah/TWGHs DSL is required to provide them under the relevant legislation for use for the purpose of that legislation; or
- where permitted or authorized by law.

We will obtain your consent before using your personal data for any other purposes.

If you wish to require access to and/or correction of your personal data, you may do so under Personal Data (Privacy) Ordinance. Such request should be made in writing and addressed to:

Deputy Head (Human Resources), Human Resources Division, Tung Wah Group of Hospitals,
4/F., Wong Fung Ling Memorial Building, 12 Po Yan Street, Sheung Wan, Hong Kong.