

絕對機密
STRICTLY CONFIDENTIAL

鄰舍輔導會
THE NEIGHBOURHOOD ADVICE-ACTION COUNCIL
職位申請表
APPLICATION FORM

申請職位 POSITION : _____

1. 個人資料 PERSONAL DATA

姓名 (英文) Name (English)	(中文) (Chinese)	年齡 Age
出生日期 Date of Birth	出生地點 Place of Birth	國籍 Nationality
住址 Address		
電話 (住宅) Tel: (Residential)	(手提電話) (Mobile Phone)	

2. 教育／訓練程度 EDUCATIONAL/TRAINING BACKGROUND

學歷程度 Qualification	學校名稱 Name of School	由 From	至 To	持有證書／文憑／學位 Cert./Diploma/Degree Obtained
中學 Secondary				
大學或以上 Post Secondary / University or above				
其他訓練 Other Training				

3. 實習經驗 (如適用者) FIELDWORK EXPERIENCE (IF APPLICABLE)

機構名稱 Name of Agency	由 From	至 To	性質 Nature of Placement	主管姓名 Name of Supervisor

4. 工作經驗 WORKING EXPERIENCE

機構名稱 Name of Agency	由 From	至 To	職位 Position	機構性質 Nature of Agency

5. 課餘活動及興趣、技能 EXTRA-CURRICULAR ACTIVITIES & SKILL POSSESSED

中學 Secondary	
大專／大學或以上 Post Secondary / University or above	
其他 (請註明) Other (Please Specify)	

6. 申請此職位的原因 REASONS FOR APPLYING FOR THE POST

請簡述你對上述職位所屬服務的認識

7. PLEASE BRIEFLY STATE YOUR UNDERSTANDING TO THE SERVICE YOU APPLY

8. PRESENT POSITION _____ 9. PRESENT SALARY _____

10. EXPECTED SALARY _____ 11. DATE AVAILABLE _____

12. 是否曾於本會工作?

HAVE YOU WORKED FOR THE NEIGHBOURHOOD ADVICE-ACTION COUNCIL BEFORE?

否 NO

是 YES 最後工作年期 LAST WORKING PERIOD : _____

服務單位 SERVICE UNIT : _____ 職位 POSITION : _____

兩位諮詢人 - 所提供的諮詢人須對申請人的學術成績或工作記錄及工作表現有一定程度的瞭解。

13. TWO REFEREES - Referees should have direct knowledge of the applicant's academic record or employment and work performance record.

公司/機構名稱 Company/ Organization	聯絡人姓名 Contact Person	職位 Position	通訊地址 Correspondence Address	聯絡電話/電郵地址 Tel. No./E-mail Address

本人同意鄰舍輔導會以保密方式向本人提供的諮詢人核實本人之學術成績或工作記錄及工作表現。本人明白有關資料將用作評估本人是否適合所申請之職位。本人現授權發放有關資料給鄰舍輔導會。

I consent to the Neighbourhood Advice-Action Council verifying, on a confidential basis, my academic record or employment and work performance record as described in this application form. I understand that this information will be used for the purposes of assessing my suitability for the position for which I am applying. I authorize the release of this information to the Neighbourhood Advice-Action Council.

本人明白鄰舍輔導會如需要聘用本人從事與兒童或精神上無行為能力人士有經常接觸的工作，可以要求本人進行<罪行定罪紀錄>查核。但查核申請須由本人自願向香港警務處性罪行定罪紀錄查核辦事處提出。

I understand that if I engage to undertake work that requires frequent contact with children or mentally incapacitated persons in the Neighbourhood Advice-Action Council, I might be requested to undergo Sexual Conviction Record Check (SCRC). However, I should submit the application for the check voluntarily to the SCRC Office of the Hong Kong Police Force.

本人在此確認 有 / 沒有 性罪行定罪紀錄。

I hereby certify that I have / do not have a conviction record against the sexual offences.

本人確認上述所提供的資料均正確無誤。本人明白倘若故意虛報資料或隱瞞重要事實，可令本人喪失錄用資格；即使已錄用，亦可遭解僱。

I certify that the above information I have given is correct. I understand that if I knowingly supply false information or withhold any material information, I shall be disqualified from applying the position and I shall render myself liable to dismissal if I am eventually appointed by the Neighbourhood Advice-Action Council.

簽署

Signature : _____

日期

Date : _____