

FULL EMPLOYMENT RECORD TO DATE (in chronological order) 截至目前為止之全部就業詳情 (按任職日期順序填寫)						
Names of firms (including Government Departments) 機構 (包括政府機構) 名稱	Position held 職位	Major Responsibility 主要職責	Full-time 全職	Part-time 兼職	Dates (month / year) 日期 (月 / 年)	
					From 由	To 至
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
Total Full-time employment 全職工作年數					Yr 年	Mth 月

Please give details on a separate sheet, if necessary. 如有需要，請另紙詳列資料。

I * now/had/have not participate(d) in voluntary services/agencies. Please specify organization, duration and nature of work :
本人* 現在 / 曾經 / 從未 參加志願服務團體。請列出參加團體名稱、年份、服務工作：

REMUNERATION PACKAGE 薪金與其他津貼	
Last Basic Salary 最後支取之薪金 (per month 每月) HK\$ _____ (港元)	Others (Commissions, Bonus, etc) 其他(佣金、花紅等) (per month 每月) HK\$ _____ (港元)
Regular Allowances 固定津貼 (per month 每月) HK\$ _____ (港元)	
Expected Salary 預期薪金 (per month 每月) HK\$ _____ (港元)	
Notice period for resignation : _____ months 月 / days 日* 目前職位離職通知期	
OTHER RELEVANT INFORMATION 其他相關資料	

DECLARATION 聲明

I understand that if I willfully give any false information or withhold any material information in this application form, or fail to notify the recruiting department/grade any subsequent change of information provided, it will render me liable to disqualification for employment by The Prince Philip Dental Hospital (PPDH) or termination of employment, if already employed by the PPDH.

本人明白倘若故意在填寫本申請書時虛報資料或隱瞞重要事實，或未有在申請書內所提供資料已作更改後通知招聘部門，可令本人喪失獲菲臘牙科醫院(醫院)錄用的資格；即使已獲醫院錄用，亦可遭終止聘用。

I consent to the PPDH making any necessary enquiries for purposes relating to recruitment by and employment with the PPDH and for the verification of the information given above. I authorize all government departments and other organizations or agencies to release any record or information as may be required for these enquires [including, inter alia, obtaining a reference/performance appraisal report(s) from my current and/or previous employer(s) before offer of appointment; and making enquiries from relevant government departments/institutions/agencies regarding my academic/language/professional qualifications and obtaining relevant records and transferring of such data to other government departments/authorities/agencies for qualifications assessment.]

本人同意醫院可就進行與醫院招聘工作及僱用有關的事宜，及為核實上述資料而進行必要的查詢。本人授權所有政府部門及其他組織或機構可就這些查詢，透露任何有關的紀錄及資料 [其中包括，在提出聘任前，向本人的現行及 / 或前僱主索取一份僱主推薦書 / 工作表現評核報告；以及向有關的政府部門/院校/機構查詢本人的學歷/語文/專業資格和索取有關紀錄，及將有關資料送交其他政府部門 / 當局 / 機構進行學歷評審]。

I understand that the information provided will be used for consideration of appointment and other employment-related administration at the PPDH. It may be provided to departments/offices or persons, where applicable, authorized to process the information for purposes relating to appointment.

本人明白所填報之資料，將用作醫院員工招聘及其他有關的僱傭事宜。有關資料，將會提供予獲授權處理員工招聘的部門/單位或人員，以完成有關招聘程序。

I hereby declare that I *have / have not been convicted of a criminal offence in a court of law.

本人 *曾經 / 從未 因刑事案件，在法庭定罪。

Name 姓名	_____	Signature 簽署	_____
HKID/Passport * No. 香港身份証 / 護照 * 號碼	_____	Date 日期	_____

Note : Applicants not invited for interview after 10 weeks from the closing date may consider their application unsuccessful.
如截止申請日期後 10 星期內未獲面試通知則作落選論。

* Please delete as appropriate 請刪除不適用者

Optional 自決填寫