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申請編號 Application No.

筆試編號 Written Test No.

面試編號 Interview No.

密 **CONFIDENTIAL**

職位申請表

JOB APPLICATION FORM

		(Please read			引背頁說明) before com	pleting 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					
第二部份 PART II:	個人資料 F	PERSONAL PARTICUI	ARS							
第二部份 PART II: 個人資料 PERSONAL PARTICI 姓名 (正楷書寫) Name in Full (in Block) 中文 Chinese			*香港身份證/旅行證件號碼 *HK Identity Card/Travel Document No.				相片 Photo			
英文 English			電郵地址 E-mail Address					(可選擇 (Optio	-	
出生日期 Date of Birth 國籍 Nationality		國籍 Nationality	聯絡電話 Contact Telephone 手提 Mobile 住宅 Home 辨公室 Office							
通訊地址 Correspondence										
Address	英文 Eng	lish								
第三部份 PART III:	教育/學歷(按就讀/考獲資格日期順	[序列出]	EDUCAT	ION/ACADE	MIC ATTAINMENT (in chro	onologi	cal orde	r)	
就讀班級/學系/學歷/專業資格 Class/Department Attended/ Academic/ Professional Qualifications			就讀日期/考獲日期		菱日期 y/	+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 Off 學歷正 Origina	此欄衹供本院填寫 For Official Use Only 學歷正本呈核 Original Document Available	
		頒發機構 School Attended/	考獲 From	月/年)或 日期 n(M/Y) or Attained	至(月/年) To(M/Y)	Qualifications, please specify Subjects Passed and Grad Level Attained (e.g. Credit, Intermediate, Second Class Honour Division I, etc.)	e/	有(Y)/ 否(N)	備註 Remarks	
第四部份 PART IV	回郵地址	 MAILING ADDRESS								
姓名 Name 地址 Address	<u>→</u> 31 404L			- 地	ame					

轉背頁 P.T.O.

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	@Full	@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: 該詢人及曾向東華三院申請的職位 REFERES 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。)

REFERES (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.)

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

			Onered/Rejected/Waiting list/Not interviewed/Others, please specify
第七部	份 PART VII: 聲明 DECL	ARATION	
1.	(附件),並明瞭收集本人的東華三院牙科服務有限公司: I hereby declare that I □ he through the Personnel Re understand the purpose(s) any material information (ir	個人資料的目的及 錄用,亦有可能遭即 ave / □have not b cords Notice issue for collecting my per ncluding my health (特(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/時解僱。(註:曾犯刑事案者,未必不獲錄用。) been convicted of any criminal offence (including sexual offence) in a court of law. I have read d by the Tung Wah Group of Hospitals/TWGHs Dental Services Limited (attached). I fully rsonal data and their use. I also understand that if I wilfully give any false information or withhold condition), I shall render myself liable to dismissal despite that I am appointed to the service of Services Limited. (Note: A criminal conviction is not necessarily a barrier to employment.)
	(日/月/年)/□ I □have not/ □have o	其他(請註明): btained valid CO	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 OVID-19 vaccination records (No. of doses received:)/ □ have obtained a ficate valid up to(D/M/Y)/ □Others (Please specify):
3.	科服務有限公司或其代表 東華三院牙科服務有限公司 I authorize Tung Wah Grou organization(s) as stated	主考慮本人的職位申 g露有關資料。 up of Hospitals/TW0 for the above pur mited or its delegate	化上速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/GHs Dental Services Limited to disclose relevant data that I have provided to the person(s) and roose(s) in the Notice, and I hereby give my consent to Tung Wah Group of Hospitals/e to obtain and the referee(s) listed above to release information regarding my employment and ion.
日期			答署

第八部份 PART VIII: 說明 NOTES

Date

- · 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.

Signature

- 2.
- 3.
- 5. 6.
- 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.