



Application for Employment 職位申請表

1. Please ensure that all the information is correct.
申請人必須提供正確資料。
2. Applicants will be required during the recruitment process to produce original/certified true copies of all documents pertaining to their identification, qualifications and working experience for verification.
本學院將於遴選期間要求申請人出示有關身份及資歷文件的正本以作查核。
3. The information supplied will be used for appointment and other employment-related purposes.
申請人所提供的資料，將用於招聘工作及其他與僱用有關的事宜。
4. You are required to notify this Office if there are any subsequent changes to the information provided after submission of the application form.
提交申請書後，本申請書內所提供的資料如有任何更改，申請人須通知本學院。
5. For correction of or access to personal data after submission of the application form or enquiries on recruitment matters, please contact this Office on 3940 0117.
申請人提交申請書後，如欲改正或查閱個人資料，或查詢與招聘有關的事宜，請與本學院行政主任聯絡
(電話號碼：3940 0117。)

Ref No. : _____
申請書編號 (For office use only)
(只供辦事處填寫)



香港資優教育學院

The Hong Kong Academy for Gifted Education

Position applied 申請職位

	Source of Referral	
	Newspaper 報章	
	Friend 朋友	
	Other 其他	

Personal Particulars 個人資料

Name in English 英文姓名	Name in Chinese 中文姓名	
Email 電郵地址	HK ID Card/ Passport No. 香港身份證/ 護照號碼	
Tel. No. 電話號碼	Residence 住宅	Mobile 手提
Address 地址	English 英文	
	Chinese 中文	

REFERENCES 諮詢人

The Hong Kong Academy for Gifted Education would not approach your present employer initially without your permission. However, reference **WILL BE SOUGHT** once it has been decided that, subject to this reference, the appointment will be offered to you.

香港資優教育學院未經台端同意前不會向現任僱主作任何諮詢，但一經決定聘請便需諮詢才獲錄用。

Name and address of two referees (**preferably your former supervisor or teacher**) who can comment on your academic or professional suitability for the post.

請開列兩位人士(盡可能是台端以前的主管或教師)以便學院就台端之學歷/專業經驗向其作出諮詢。

Name 姓名	Position 職位
Organization 機構	
Address 地址	
E-mail 電郵地址	Tel. 電話
Name 姓名	Position 職位
Organization 機構	
Address 地址	

E-mail 電郵地址	Tel. 電話
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Having you got any friends / relatives working with this academy? 有否朋友 / 親戚在這學院工作			<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
If Yes, please state Name(s) 如有，請列出姓名	Department 部門	Relation with Staff 與該職員之關係		

Declaration 聲明

(a) I understand that if I willfully give any false information in this application form or withhold any material information, it will render me liable to disqualification for employment by The HKAGE or to dismissal, if already employed by The HKAGE. 本人明白，倘若故意虛報資料或隱瞞重要事實，可令本人喪失獲錄用的資格；即使已獲錄用，亦可遭解僱。	
(b) I consent to The HKAGE making any necessary enquiries for purposes relating to recruitment by and employment with The academy and for the verification of the information given above. 本人同意香港資優教育學院可就與招聘工作及僱用有關的事宜，以及為核實上述資料，進行必要的查詢。	
Date 日期	Signature 簽署
_____	_____