



香港吸煙與健康委員會職位申請書

Application Form for Employment with Hong Kong Council on Smoking and Health

申請人須知 Notes for Applicants

以下備註為填寫申請書提供指引。

The following notes give guidance on how to complete the application form.

- (a) 填寫本申請書前，請詳閱申請人須知。並就每一個申請的職位填寫一份申請書(申請人請留意有關的招聘廣告所註明的申請手續)
Please study the Notes for Applicants before completing the application form. Applicant should complete one application form for each job (Please refer to the relevant recruitment advertisement for details regarding application procedures.)
- (b) 申請人須填妥申請書各項，並提供正確資料。如空位不敷填寫，申請人應另頁詳列有關資料，隨申請書附上。
Please ensure that all parts in the forms are completed and the information is accurate. If there is insufficient space, please give details on a separate sheet to be attached to the application form.
- (c) 申請人必須填報申請書內要求提供的所有個人資料。招聘部門可能要求申請人就特定項目提供詳細資料，以支持申請個別職位。申請人必須參閱招聘廣告內列出的有關要求填寫本申請書。申請人如未能提供所需的所有資料，或所填寫的資料，未能清楚顯示申請人具備有關職位所規定最起碼的學歷、訓練、經驗或其他條件，申請書將不獲受理。
Your provision of all personal data requested in this form is obligatory. You should particularly note that recruiting departments may require you to provide specific details to support your application for individual vacancies. You should refer to the requirement advertisement for such requirements in filling in this form. Your application form will not be considered if you fail to provide all information as requested or it is not clear from your statements that you have the minimum qualifications, training, experience or other requirements specified for the job.
- (d) 申請人在本申請書內所提供的個人資料，用於招聘工作及其他與僱用有關的事宜。如有需要，有關資料可能會送交獲授權處理有關資料的政府部門及其中組織或機構，用以進行與香港吸煙與健康委員會招聘工作及僱用有關的事宜，例如學歷評審、體格檢查、僱主推薦及操守審查等。在一般情況下，未能獲取錄申請人的資料將於其落選日期後 24 個月全部銷毀。
The personal data provided in this form will be used for recruitment and other employment-related purposes. It may be provided to government departments and other organizations or agencies authorized to process the information for purposes relating to recruitment by and employment with Hong Kong Council on Smoking and Health e.g. qualifications assessment, medical examination, employer reference and integrity checking, etc. as may be necessary. Information on unsuccessful candidates will normally be destroyed 24 months after rejection of the candidate's application.
- (e) 申請人如持有本港以外學府或專業團體所頒授的學歷及 / 或專業資格，請隨申請書夾附有關當局簽發的文憑 / 證書、成績單及列明有關課程的授課形式 (例如全日制、兼讀制、在當地院校授課/遙距授課等) 的證明文件副本。為了方便進行學歷評審工作，申請人在取得上述的學歷前，如已獲取其他學歷，應盡可能提供上述的學歷證明文件副本。請勿附上任何文憑 / 證書或其他學歷證明文件的正本。
For applicants holding academic and / or professional qualifications obtained from institutions or professional bodies outside Hong Kong, please attach copies of your diplomas / certificates, transcriptions of studies and official documents stating the mode of delivery (e.g. full time / part time, on campus / distance learning, etc.) of the study programmes. To facilitate assessment of qualifications, the above documents on the prior qualifications obtained should also be supplied as far as possible. Do not send any originals of diplomas / certificates or other qualification documents.
- (f) 填妥本表格後，申請人可保留副本一份，作個人參考之用。
You are advised to make a photocopy of the completed application for your own reference.
- (g) 遞交申請書後，本申請書所提供的資料 (包括香港特別行政區永久性居民的身分) 如有任何更改時，申請人必須通知香港吸煙與健康委員會人力資源部。
You are required to notify the Human Resources Department of Hong Kong Council on Smoking and Health if there are any subsequent changes to the information provided, including the permanent resident status of the Hong Kong Special Administrative Region, after submission of the application form.
- (h) 遞交申請書後，如欲更改或索閱個人資料、或查詢與招聘有關的事宜，請與香港吸煙與健康委員會人力資源部聯絡。
For correction of or access to personal data after submission of the application form or enquiries on recruitment matters, please contact the Human Resources Department of Hong Kong Council on Smoking and Health.

D 部 Section D 現職 / 近職資料 Details of Current / Last Employment

現職 / 近職之每月基本薪金 Current / Last Monthly Salary 港幣 / HK\$ _____	增薪月份 (如適用者) Next Incremental Month (if applicable) _____	要求每月薪金 Expected Monthly Salary 港幣 / HK\$ _____
其他固定薪酬 Other Fixed Compensation _____	_____	
其他 (請註明) Other (Please specific) _____	_____	
現職離職通知期 Notice Period Required for Resignation _____	_____	最早履職日期 Date Available for Assumption of duty _____

聲明**Declaration**

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，或未有在申請書內提供資料已作更改後通知香港吸煙與健康委員會人力資源部，可令本人喪失獲香港吸煙與健康委員會錄用的資格；即使已獲香港吸煙與健康委員會錄用，亦可遭終止聘用。

I understand that if I wilfully give any false information or withhold any material information in this application form, or fail to notify the Human Resources Department of Hong Kong Council on Smoking and Health any subsequent change of information provided, it will render me liable to disqualification for employment by the Hong Kong Council on Smoking and Health or termination of employment, if already employed by Hong Kong Council on Smoking and Health.

本人同意香港吸煙與健康委員會可就進行與招聘工作以及僱用有關的事宜，及為核實上述資料而進行必要的查詢。本人授權政府所有部門及其他組織或機構可就這些查詢，透露任何有關的記錄及資料(其中包括: 在提出聘任前，向本人的現時及 / 或前僱主及 / 或諮詢人索取推薦書; 向有關當局 / 機構/ 醫護人員索取本人的體格檢查報告、醫事委員會報告或診療記錄，並將有關資料送交其他當局/機構/醫護人員; 以及向有關院校/機構查詢本人的學術/專業資格和索取有關記錄，並將有關資料送交其他當局/機構進行學歷評審)。

I consent to Hong Kong Council on Smoking and Health making any necessary enquiries for purposes relating to recruitment by and employment with the Hong Kong Council on Smoking and Health 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 enquiries (including, inter alia, obtaining a reference from my current and/or previous employer(s) and/or referees before offer of appointment; obtaining my medical examination reports, medical board reports or medical records from relevant authorities / agencies/medical personnel and transferring of such data to other authorities / agencies / medical personnel; and making enquiries from relevant institutions / agencies regarding my academic / professional qualifications and obtaining relevant records and transferring of such data to other authorities/agencies for qualifications assessment).

本人明白並同意，如有需要，上述資料會送交獲授權處理有關資料的政府部門及其他組織或機構，用以進行與香港吸煙與健康委員會招聘工作及僱用有關的事宜，例如學歷評審、體格檢查、僱主推薦及操守審查等。

I understand and accept that the information given above will be provided to government departments and other organizations or agencies authorized to process the information for purposes relating to recruitment by and employment with Hong Kong Council on Smoking and Health e.g. qualifications assessment, medical examination, employer reference and integrity checking, etc. as may be necessary.

簽署 Signature _____

日期 Date _____

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