重設表格

The Hong Kong Chinese Christian Churches Union Logos Academy
香港華人基督教聯會真道書院

Application Form for Employment

Notes: (1) The personal data provided in this form will be used for recruitment and other employment-related purposes to assess the suitability of candidates for the job. It may be provided to other organisations or agencies authorised to process the information for purposes relating to recruitment by and employment e.g. employer reference and integrity checking, etc. as may be necessary. Personal data on an unsuccessful candidate will normally be destroyed 12 months after rejection of the candidate's application.

(2) You should provide all information as requested and your statements should be clear that you meet the minimum qualifications, training, experience or other requirements specified for the job. You should also provide proofs of your statements.

TITLE OF JOB APPLIED FOR	

PERSONAL PARTICULARS

Name in English *(as shown on HKID Card)*	*(Surname)*	*(Given Names)*			Name in Chinese		
Date of Birth	*DD*	*MM*	*YYYY*	Place of Birth		Gender	☐ Male ☐ Female
Hong Kong ID Number		Passport Number *(For candidates without HKID)*				Place of Issue	
Nationality				Religion	(optional)		
Residential Address	Flat	Floor	Block	Building			
	Village/Estate		Street and No.			District	HK
Daytime Contact No.		E-mail Address				Availability	
Registered Teacher No		Current Salary				Salary Expected	

Are you a permanent resident of the Hong Kong Special Administrative Region?	☐ Yes ☐ No
Did you pass "Basic Law and National Security Law Test"?	☐ Yes ☐ No
Have you applied the checking code of "Sexual Conviction Record Check"?	☐ Yes (Please state_____) ☐ No
Has your registered teacher or permitted teacher status been cancelled/refused?	☐ Yes (Please state_____) ☐ No
Have you ever been convicted, whether in Hong Kong or elsewhere, of any criminal offence?	☐ Yes (Please state_____) ☐ No
Are you involved in any ongoing criminal proceedings or investigations (including but not limited to arrest or apprehension by the police) to the best of your knowledge?	☐ Yes (Please state_____) ☐ No
Are you being investigated by any school or the EDB over professional misconduct allegations to the best of your knowledge?	☐ Yes (Please state_____) ☐ No

ACADEMIC ATTAINMENT (in chronological order)

Issuing Authority	Qualifications	Issue Date	Major Subjects and level attained		
Hong Kong Examinations and Assessment Authority	☐ HKCEE ☐ HKDSE		ENG	CHIN	MATHS
Hong Kong Examinations and Assessment Authority	☐ HKALE ☐ N.A.		ENG	CHIN	MATHS
Hong Kong Examinations and Assessment Authority	LPAT (ENG) ☐ Fully Attained / Exemption ☐ Attained in all 4 core language skills ☐ Not yet attained				

PROFESSIONAL QUALIFICATIONS (e.g. PGDE, Associateship, Certificates, etc.)			
Full Name of Issuing Authority	Professional Qualifications	Level Attained/To Be Attained	Issue Date

TEACHING / WORKING EXPERIENCE			
Employer	Position Held	Date	
		From	To

REFEREE INFORMATION			
Name	Company	Position	Contact Number

DECLARATION

I hereby declare that:

- ✧ If I provide false information or withhold material information, I am subject to the dire consequences of criminal prosecution, and I may be dismissed by the school;

- ✧ I consent to the HKCCCU Logos Academy making any necessary enquiries for purposes relating to recruitment by and employment with the HKCCCU Logos Academy and for the verification of the information given above. I authorise all government departments and other organisations or agencies to release any record or information as may be required for these enquiries (including, inter alia, obtaining a reference/performance appraisal report(s) from my current and/or previous employer(s) 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 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);

- ✧ I understand and accept that the information given above will be provided to organisations or agencies authorised to process the information for purposes relating to recruitment by and employment with the Government e.g. qualifications assessment, medical examination, employer reference and integrity checking, etc. as may be necessary.

_____ _____

Signature of Applicant Date

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