

立法會秘書處 —— 職位申請表格
Legislative Council Secretariat - Application Form for Employment

備註 Notes :

1. 本表格所收集的資料，將用作與招聘有關的目的。
Information collected in this form will be used for recruitment-related purposes.
2. 未獲取錄者的資料通常會在招聘工作完成後 12 個月內銷毀。
Information on unsuccessful candidates will normally be destroyed 12 months after the completion of the recruitment exercise.
3. 若要求索閱或更改立法會秘書處備存的個人資料，應致函香港中區立法會道 1 號立法會綜合大樓人力資源組高級議會秘書(總務)1。
Request for access to or correction of personal data held by the Legislative Council Secretariat should be made in writing to the Senior Council Secretary (Administration)1 at Human Resources Office, Legislative Council Complex, 1 Legislative Council Road, Central, Hong Kong.
4. 閣下可在立法會網頁(www.legco.gov.hk)下載本申請表格。
You may download this form from the LegCo website (www.legco.gov.hk).
5. 請將填妥的表格寄達香港中區立法會道 1 號立法會綜合大樓人力資源組，並請在信封面上註明申請職位的名稱。
Please send the completed form to the Human Resources Office, Legislative Council Complex, 1 Legislative Council Road, Central, Hong Kong. Please also indicate the post applied for on the envelope.

申請職位名稱 Position applied for : _____

(請註明從何得知此職位 **Please indicate how you know about this position :** _____)

I. 個人資料 Personal particulars

英文姓名 Name in English	稱謂 Title <input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 女士 Ms <input type="checkbox"/> 小姐 Miss
中文姓名 Name in Chinese	香港永久居民 Hong Kong permanent resident: <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
住址 Residential address	電話(住宅) Tel no. (home) 流動電話 Mobile no. 電郵地址 E-mail address

II. 學歷 (以順序列出) Academic qualifications (in chronological order)

頒發日期 (月/年) Date issued (M/Y)	頒發機構 (例如:香港考試及評核局) Issuing authority (e.g. Hong Kong Examinations and Assessment Authority)	公開考試 (例如:香港中學會考) Public examination (e.g. Hong Kong Certificate of Education Examination)	及格科目及成績(例如:中國語文(E)/(第2級)、 英國語文(課程乙)(C)/英國語文(第3級) Subject(s) passed and level attained (e.g. Chin. Lang. (E)/(Level 2), Eng. Lang. (Syl. B) (C)/Eng. Lang (Level 3)

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III. 曾受聘的職位 (以順序列出) Previous employment (in chronological order)

由(月/年) From (M/Y)	至(月/年) To (M/Y)	年期 Years	僱主名稱 Name of employer	職位 Position held	工作性質 Nature of work	月薪 Monthly salary	全職/ 兼職 (Full-time/ Part-time)

IV. 其他額外有關資料 Other additional relevant information**V. (可選擇是否填寫) (Optional)**

如為殘疾人士，請註明在參加考試／面試時，是否需要特別的安排 For a candidate with a disability, please specify whether you need special arrangement for taking the examination/attending an interview

考試 是 否 如需特別考試安排，請列明有關要求 If yes, please specify the arrangement required for examination

Examination Yes No _____

面試 是 否 如需特別面試安排，請列明有關要求 If yes, please specify the arrangement required for interview

Interview Yes No

請註明殘疾性質及程度 _____

Please indicate nature and degree of disability

請註明是否需要獲得為殘疾人士而設的優先聘用程序 是 否

Please indicate if you wish to make use of the preferential appointment procedure applicable to candidates with disabilities. Yes No

(註：殘疾人士與其他申請人獲同等看待。申請人如需獲得為殘疾人士而設的優先聘用程序，或須就所患殘疾提交醫生證明。有關優先聘用程序的詳情，請登入立法會網頁(www.legco.gov.hk)閱覽。)

(Note: Candidates with disabilities are treated equally with other applicants. Medical proof of their disabilities may be required if candidates wish to make use of the preferential appointment procedure applicable to candidates with disabilities. Please refer to the Legislative Council website (www.legco.gov.hk) for details of the preferential appointment procedure.)

VI. 聲明 Declaration

謹此聲明，本人據所知及所理解填寫上述資料，一切資料均屬真確無訛。本人明白若虛報或隱瞞重要事實，可令本人喪失獲立法會行政管理委員會錄用的資格；即使已獲立法會行政管理委員會錄用，亦可遭終止聘用。

I declare that the information given above is correct and is completed to the best of my knowledge and belief. I understand that if I give any false information or withhold any material information, I shall render myself liable to disqualification for employment by The Legislative Council Commission or termination of employment if already employed by The Legislative Council Commission.

本人同意立法會秘書處可就進一步處理本人的職位申請事宜（例如僱主推薦、操守審查、體格檢查等）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。I consent to the Legislative Council Secretariat making any necessary enquiries to further process my application (e.g. employer reference, integrity checking and medical examination, etc.) 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.

簽署 Signature: _____ 姓名 Name: _____ 日期 Date: _____

(請在適當方格內加上"✓"號。Please insert a "✓" in the appropriate box.)

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