



**THE PRINCE PHILIP DENTAL HOSPITAL**  
**菲臘牙科醫院**

**APPLICATION FORM FOR EMPLOYMENT**  
**職位申請表**

Application No. 申請編號：   
(For office use only 只供部門填寫)

**Note: 註:**

- Application should reach us by post (The Prince Philip Dental Hospital 34 Hospital Road, Sai Ying Pun, Hong Kong) or email (job@ppdh.org.hk) before the application deadline. Please mark the "Post Title" of the application on the envelope or in the email title accordingly.  
申請書須於指定日期前以郵寄(香港醫院道 34 號菲臘牙科醫院)或電郵方式(job@ppdh.org.hk)送達菲臘牙科醫院，信封面或電郵標題請註明所申請的職位。
- Please ensure that all parts in the form are completed except those items marked as optional, and the information is accurate. If there is insufficient space, please give details on a separate sheet to be attached to the application form.  
申請人必須填寫本申請書所有部分(選擇填報的資料除外)，並確保所提供資料正確無誤。申請人須夾附證書及修業成績表副本，以證明具備報稱的學歷及工作經驗。如空位不敷應用，請另頁詳列有關資料，並夾附於本申請書。
- During the recruitment process, applicants will be required to produce original copies of all documents pertaining to their identification, qualifications and working experience for verification. **Do not** send any original copies of documents with the application.  
本院將於遴選期間要求申請人出示有關身份、資歷及經驗的文件正本以作查核。請勿附上任何證書或其他學歷證明文件的正本。
- You are required to notify the Hospital if there are any subsequent changes to the information provided after submission of the application form (Tel: 2859 0332).  
提交申請書後，本申請書內所提供的資料如有任何更改，申請人須通知本院(電話號碼：2859 0332)。

Post applied for 申請職位：																	
Clinic/ Office Preferred: (If applicable) 選擇 部門優先次序： (如適用)																	
1. _____ 2. _____ 3. _____ 4. _____																	
<b>I. PERSONAL PARTICULARS 個人資料</b>																	
English Name 英文姓名 Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> _____ (Surname 姓) (Other Name 名)			Chinese Name 中文姓名 先生 <input type="checkbox"/> 女士 <input type="checkbox"/> _____														
<input type="checkbox"/> HKID Card No. 香港身份證號碼： _____			Date of Birth 出生日期														
<input type="checkbox"/> Passport No. 護照號碼： _____			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">DD日</td> <td colspan="2" style="text-align: center;">MM月</td> <td colspan="2" style="text-align: center;">YYYY年</td> </tr> </table>									DD日		MM月		YYYY年	
DD日		MM月		YYYY年													
Issuing Authority 簽發機關： _____																	
Correspondence Address 通訊地址：			Telephone No. 電話號碼														
E-mail Address 電郵地址：			Day Time 日間聯絡 : _____														
			Residence 住宅 : _____														
			Mobile 流動電話 : _____														
<b>II. EDUCATION (in chronological order) 就學詳情 (按就讀日期順序列出)</b>																	
Date (month / year)		School, College, University or Training Organisation Attended/ Attending 曾經/ 現時就讀的學校、學院、大學或訓練機構	Mode of Attendance (Full-time/ Part-time/ Distance Learning etc.) 上課方式(全日制/兼讀制/遙距課程)	Qualification Obtained/ to be obtained (please state the major and minor subjects, if applicable) 已獲取/ 將獲取的學歷 (請註明主修或副修科目，若適用)	Date of Award 頒授日期												
From 由	To 至																

**III. PROFESSIONAL QUALIFICATIONS 專業資格**

Full Name of Issuing Authority 頒授機構全名	Professional Qualifications 持有的專業資格	Level Attained/ To Be Attained 已達到/ 將達到的程度	Date Obtained/ To Be Obtained (Day/month/year) 獲取/ 將獲取資格日期 (日/月/ 年)

**IV. RESULTS OF PUBLIC EXAMINATIONS 公開考試成績**

**HONG KONG DIPLOMA OF SECONDARY EDUCATION EXAMINATION (HKDSEE) 香港中學文憑考試**

Subject 科目	Grade 等級	Year 年份	Subject 科目	Grade 等級	Year 年份
English Language 英國語文					
Chinese Language 中國語文					
Mathematics 數學					
Liberal Studies 通識教育					

**HONG KONG CERTIFICATE OF EDUCATION EXAMINATION (HKCEE) 香港中學會考**

Subject 科目	Grade 等級	Year 年份	Subject 科目	Grade 等級	Year 年份
English Language (Syl. A <input type="checkbox"/> B <input type="checkbox"/> 英國語文 (課程甲 <input type="checkbox"/> 乙 <input type="checkbox"/>					
Chinese Language 中國語文					
Mathematics 數學					

**HONG KONG ADVANCED LEVEL EXAMINATION (HKALE) 香港高級程度會考**

Subject 科目	Grade 等級	Year 年份	Subject 科目	Grade 等級	Year 年份
Use of English 英語運用					
Chinese Language & Culture 中國語文及文化					

If applicant does not possess/ attain the results of public examinations as required for the post being applied, he/ she has to indicate below clearly his/ her academic attainment or results of other examinations that are of equivalent level, e.g. completed Yi Jin Programme, holding an accredited diploma, results of the Common Recruitment Examination of the HKSAR Government, results of the Academic Module of the International English Language Testing System (IELTS) etc. 如求職者並沒持有或達到申請職位所要求的公開考試成績，他/ 她須於以下位置清楚列出等同的學術成就或其他考試成績，如完成毅進課程、持有認可文憑、香港特別行政區政府的綜合招聘考試成績、國際英語水平學術模式測試之成績等：

\_\_\_\_\_

\_\_\_\_\_

**V. FULL EMPLOYMENT RECORD TO DATE (in chronological order)**  
**截至目前為止之全部就業詳情 (按任職日期順序填寫)**

Name of Employers (including government departments) 公司/ 機構名稱 (包括政府部門)	Position Held 職位	Major Responsibilities 主要職責	Last Salary & Allowance 最後支取薪金及津貼	Full-time / Part-time 全職/ 兼職	Period (month / year) 日期 (月 / 年)	
					From 由	To 至

Duration of full-time employment (excluding Summer Job and Intern) 全職工作總年數 (暑期工及實習除外) Years/年      Months/月

*Please give details on a separate sheet, if necessary. 如有需要，請另頁詳列資料。*

**VI. OTHER RELEVANT INFORMATION 其他相關資料**

(1) Notice Period Required by Present Employer 現職離職通知期: \_\_\_\_\_ days      months

(2) Please list out details of voluntary service (if any) 請列出曾參加志願服務團體的詳情 (如適用):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(3) Please list any other relevant skills (e.g. PC Literacy, language proficiency, Chinese and English typing speed, etc.)  
 請列出與申請職位有關之其他專長及資料 (如電腦知識、通曉語言、中英文打字速度等)。  
 \_\_\_\_\_  
 \_\_\_\_\_

(4) In the case of a candidate with disability, please indicate nature and degree of disability, and specify any special arrangement required for taking the examination/attending an interview. (Optional)  
 申請人如為殘疾人士，請註明殘疾的性質及程度，以及在參加考試/面試需要的特別安排。(可選擇是否填寫本欄)  
 \_\_\_\_\_

(Note: Candidates with disabilities will be considered on equal terms with other applicants and their suitability would be assessed in a fair and impartial manner. The Hospital may require medical proof of their disability if candidates wish to make use of recruitment arrangements applicable to candidates with disabilities.)  
 (註：本院在遴選時對殘疾人士及其他申請人會一視同仁，並以公平、公正的方式處理申請。申請人如需獲得為殘疾人士而設的遴選相關安排，本院可能要求提交醫生證明其為殘疾人士。)

(5) Where did you learn about this vacancy? 從何處得悉此職位空缺?  
 Hospital Website 醫院網站      Newspaper 報章 (Name 名稱: \_\_\_\_\_)  
 Labour Department 勞工處      Careers Website 求職網站 (Name 名稱: \_\_\_\_\_)

## VII. DECLARATION 聲明

1. I understand that if I wilfully give any false information or withhold any material information in this application, or fail to notify The Prince Philip Dental Hospital (PPDH) any subsequent change of information provided, it will render me liable to disqualification for employment by PPDH or termination of employment, if already employed by the PPDH.  
本人明白倘若本人故意在提交職位申請時虛報資料或隱瞞重要事實，或未有在申請文件內所提供資料已作更改後通知菲臘牙科醫院(醫院)，可令本人喪失獲醫院錄用的資格；即使已獲醫院錄用，亦可遭終止聘用。
2. I consent to the PPDH making any necessary enquiries for purposes relating to recruitment by and employment with the PPDH and for the verification of the information given in this application. I authorise all companies, organisations, Government departments, statutory bodies and education institutions to release PPDH any record or information as may be required for these enquires [including, inter alia, obtaining a reference/ a copy of performance appraisal report(s) from my current and/or previous employer(s) before offer of appointment; and making enquiries regarding my academic/ language/ professional qualifications and obtaining a copy of the relevant records and transferring of such data to other Government departments/ statutory bodies/ education institutions for qualifications assessment.]  
本人同意醫院可就進行與醫院招聘工作及僱傭有關的事宜，及為核實本人申請文件上所列的資料而進行必要的查詢。本人授權所有公司、機構、政府部門、法定機構及教育機構可就這些查詢，向醫院透露任何有關的紀錄及資料 [其中包括，在提出聘任前，向本人的現行及/ 或前僱主索取一份僱主推薦書/ 工作表現評核報告副本；以及查詢本人的學歷/ 語文/ 專業資格和索取有關紀錄副本，及將有關資料送交其他政府部門/ 法定機構/ 教育機構進行學歷評審]。
3. I understand that the information provided will be used for consideration of appointment and other employment-related administration at the PPDH. It may be provided to departments/ offices or persons, where applicable, authorised to process the information for purposes relating to appointment.  
本人明白所提交之資料，將用作醫院員工招聘及其他有關的僱傭事宜。有關資料，將會提供予獲授權處理員工招聘的部門/ 單位或人員，以完成有關招聘程序。
4. I have read and fully understood PPDH's "Statement of Collection of Personal Data from Applicants for Employment" uploaded on its website (www.ppdh.org.hk).  
本人已閱讀及明白已上載到醫院網站 (www.ppdh.org.hk)的「收集求職者個人資料的聲明」。
5. I hereby declare that  
 I have not been convicted of a criminal offence in a court of law. 本人從未因刑事案件，在法庭定罪。  
 I have been convicted of a criminal offence in a court of law. 本人曾經因刑事案件，在法庭定罪。

Details 詳情: \_\_\_\_\_

(Note: A criminal conviction is not necessarily a barrier to employment. 註: 曾犯刑事案者，未必不獲錄用。)

Name 姓名	_____	Signature 簽署	_____
<input type="checkbox"/> HKID Card No. 香港身份證號碼:	_____	Date 日期	_____
<input type="checkbox"/> Passport No. 護照號碼:	_____		
Issuing Authority 簽發機關:	_____		

Post applied for 申請職位 \_\_\_\_\_

Note : Applicants not invited for interview after 10 weeks from the closing date may consider their application unsuccessful.  
如截止申請日期後 10 星期內未獲面試通知則作落選論。

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