

APPLICATION FORM

Applicant : _____
(Name in Block Letters)

Post applied for : _____ **Reference No. :** _____

Department : _____

Source of information on such vacancy : Internet Homepage / Newspaper: _____ Others: _____

This form should be completed in typescript or black ink suitable for photocopying. Please return the completed form and a cover letter by mail to **THE NESBITT CENTRE LTD, LG/F SAI YING PUN COMMUNITY COMPLEX, SAI YING PUN, HONG KONG**, which envelope should be foreseen with the wording “**STRICTLY CONFIDENTIAL**” and “**JOB APPLICATION**” or by fax to **(852) 2813 4536** or by email to **info@nesbittcentre.org.hk**.

Please read the following notes before filling in the form

- Notes:*
- (A) Please ensure that all information is accurate and true. Applicants will be required to present originals of certificates and transcripts of studies. If there is insufficient space, please give details on a separate sheet and attach to this application
 - (B) Your application may not be further processed if it is not clear from your supporting statements that you have obtained at least the minimum qualifications, training or experience specified for the job.
 - (C) Applications will be held in strict confidence and used only for the purpose of selection by relevant authorities.
 - (D) Application forms and curriculum vitae for the captioned non-academic posts will be kept for a period of 6 months after completion of the selection process.
 - (E) Applications may be referred to other recruiting departments if the advertised posts have been filled.
 - (F) For correction of or access to personal data after submission of this application, please contact the Centre Administrator.

PERSONAL PARTICULARS

Surname:	Other Names:		
Name in Chinese (if any):	Title: * Mrs/Ms/Miss/Mr		
Date of Birth:	Place of Birth:		
*Passport/HKID Card No.:	Nationality:		
Address:	Tel. No. -- Office:	-- Residence:	
	Fax. No. -- Office:	-- Residence:	
	E-Mail Address:	Mobile No. :	

* Please delete as appropriate.

EDUCATION (in chronological order)

Dates (month/year)		Schools, Colleges, Universities or Training Organisations Attended	Full or Part Time	Qualifications Obtained (Certificates, Diplomas, Degrees), Fields of study, subjects passed and levels attained should be listed	Date of Award
From	To				

PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS (in chronological order)

Name of Professional Institute	Qualification/Membership Obtained	Date of Award

PRESENT/LAST EMPLOYMENT DETAILS

Name and Address of Employer:		
Position & Nature of Duties:		
Employment Period:	From	To
Present / Last Basic Salary _____ (Per month) x ____Months	Next Salary Review Date (if applicable):	Expected Salary (Per month):
Other Allowances and Fringe Benefits (please specify):		
Notice period required for resignation (if applicable):	Earliest date available if appointed:	
Former TNC staff / Serving TNC staff Yes / No*	Employment Period (if applicable):	

* Please delete as appropriate.

PREVIOUS EMPLOYMENTS (in chronological order starting from the recent)

Dates (month/year)		Name of Organisation & Nature of Business	Full or Part Time*	Title of Position Held and Nature of Duties
From	To			

* For part-time employment, please indicate no. of hours engaged per week / per month.

REFEREES

A. I hereby give consent to The Nesbitt Centre Ltd to obtain references from the following referees if I have been included in the shortlist for interview.

<p>1 Name : _____</p> <p>Position : _____</p> <p>Correspondence Address: _____</p> <p>E-mail Address : _____</p> <p>Tel./Fax Nos. : _____</p> <p>Relationship : _____</p>	<p>2 Name : _____</p> <p>Position : _____</p> <p>Correspondence Address: _____</p> <p>E-mail Address : _____</p> <p>Tel./Fax Nos : _____</p> <p>Relationship : _____</p>
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B. I hereby give consent to The Nesbitt Centre Ltd to obtain reference from my present employer/Head of Department/Unit (If presently self-employed or unemployed, name of last employer/Head of Department/Unit) if I am recommended for appointment. Details are as follows:

Name: _____

Position: _____

Name of Organisation: _____

Correspondence Address: _____

E-mail Address: _____

Tel / Fax Nos.: _____

Signature of applicant _____
Date

DECLARATION

1. I understand that if I wilfully give any false information or withhold any material information, I shall render myself liable to dismissal if I am appointed to the service of TheNesbitt Centre Ltd.

2. I hereby give consent to The Nesbitt Centre Ltd to have my applications retained and considered for other positions which may subsequently become available within the specified period.

Signature of applicant _____
Date