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|  | | | | | | | | 漢來大飯店 LOGO-黑 | | | | | | | | | | | |  | | | | | | | | | |
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| 員工編號： | | | | | | | |
| 申請職位  Position Applied for | | | | | | | | | | | 可上班日期  Date of Availability | | | | | | | | | | | | | 請  貼  個  人  照  片  Photo | | | | | |
| 中文姓名  Chinese Name | | | | | | 英文名  English Name | | | | | | | | | | | | | | | | | |
| 身分證統一編號  ID. Card No. | | | | | | 出生年月日  Date of birth | | | | | | 年月日 | | | | | | | | | | | |
| 戶籍地址□□□-□□  Permanent address | | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址□□□-□□  Present address | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅電話  TEL. | | | | | | | 行動電話  Mobile phone | | | | | | | | | | | 電子信箱  E-Mail | | | | | | | | | | | |
| 其他聯絡方式  Other contact number(Skype/Line/Facebook) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 緊急事故聯絡人  Emergency Contact | 姓名 關係 電話  Name Relationship TEL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址□□□-□□  Present address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section is for non-resident application only**(下一欄僅供非本國人填寫)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 國籍  Citizenship | | | | Passport  to | | | | | | | | | | | Issued  by | | | | | | | | | | Valid  until | | | | |
| **教育EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育程度  Educational Level | | | | 學校或受訓機構名稱  Name of Institutions | | | | | | | | | | 時間 | | | | | | | 主要課程  Major course | | | | | | | 畢(肄)業  Degree | |
| 由Form | | | 至To | | | |
| 碩士  Master Degree | | | |  | | | | | | | | | | 年 月 | | | 年 月 | | | |  | | | | | | |  | |
| (二)四技/大學  2 or 4 Years College/Uni. | | | |  | | | | | | | | | | 年 月 | | | 年 月 | | | |  | | | | | | |  | |
| 專科學校(二、三、五專)  2,3 or 5 Years College | | | |  | | | | | | | | | | 年 月 | | | 年 月 | | | |  | | | | | | |  | |
| 高中/職  Senior High of Vocational School | | | |  | | | | | | | | | | 年 月 | | | 年 月 | | | |  | | | | | | |  | |
| 其他  Others | | | |  | | | | | | | | | | 年 月 | | | 年 月 | | | |  | | | | | | |  | |
| **經歷EMPLOYMENT RECORD (請依最近的經歷優先填寫)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服務機構  Employers | | | 任職期間  Period | | | | | | | 工作性質  Nature of business | | | | | | | 職位  Positions | | | | | 薪資  Salary | | | | | 離職原因  Reason for Resign | | |
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| **語言及其他LANGUAGE & OTHER QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 語言  Languages | | 說Speaking | | | | | | | | | | | 寫Writing | | | | | | | | | | 聽Listening | | | | | | |
| 佳EX. | | | 良G. | | | | 可F. | | | | 佳EX. | | | 良G. | | | 可F. | | | | 佳EX. | | | 良G. | | | 可F. |
| 文  English | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  |
| 日 文  Japanese | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  |
| 台語/客語  Taiwanese/Hakka | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  |
| 其他( )  Others | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | | P.2 |

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| **家庭記錄FAMILY RECORD：下列資料依照個人意願填寫** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻狀況  Marital status | | | | | | □ | | 未婚  Single | | | | | □ | | | | 已婚  Married | | | | | □ | | | | | 離婚  Divorced | | | | | | | □ | | | | 喪偶  Widows | | | | | | □ | | 懷孕( )週  Pregnant | | | | | | |
| 關係Relationship | | | | | 姓名Name | | | | | | | | | | 年齡Age | | | | | | | | | | 職業Occupation | | | | | | | | | | | | | | 聯絡電話TEL. | | | | | | | | | | | | |
| 配偶Spouse | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 父母Parents | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 子女或兄弟姊妹  Children or  Brothers & Sisters | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **其他資料 OTHER INFORMATION：下列資料依照個人意願填寫** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否曾因行為不佳或工作不力被解雇?  Have you ever been discharged from employment because your work or conduct was unsatisfactory? | | | | | | | | | | | | | | | | | | | | | | | | | □是Y | | | | □否N | | | | | 請陳述 Please State | | | | | | | | | | | | | | | | | | |
| 是否曾因犯罪而被拘捕及控訴？  Have you ever been arrested and convicted of a crime? | | | | | | | | | | | | | | | | | | | | | | | | | □是Y | | | | □否N | | | | | 請陳述 Please State | | | | | | | | | | | | | | | | | | |
| 是否曾因重病受傷或手術?  Have you had any serious illness, injury, or operation? | | | | | | | | | | | | | | | | | | | | | | | | | □是Y | | | | □否N | | | | | 請陳述 Please State | | | | | | | | | | | | | | | | | | |
| 病歷(曾否患過重大疾病)?  Disease? | | | | | | | | | | | | | | | | | | | | | | | | | □是Y | | | | □否N | | | | | 請陳述 Please State | | | | | | | | | | | | | | | | | | |
| 有否缺陷?  Have you had and handicap on? | | | | | | | | | | | | | | | | | | | | | | | | | □是Y | | | | □否N | | | | | 請陳述 Please State | | | | | | | | | | | | | | | | | | |
| □ | 腳  Feet |  | □ | | | 手  Hands | | | |  | □ | | | | 眼  Sight | | | |  | | | | | | □ | | 聽  Listen | | | \_ | | | | | □ | | 講  Speech | | |  | | | | □ | | 其他  Others | | | \_\_\_ | | | |
| 身高 公分  Height CM | | | 體重 公斤  Weight KG | | | | | | | | 血型  Blood type | | | | | | | 型 | | | | | 兵役  Military | | | | | | | | □退役  Discharge | | | | | | | | □免役  Exempt | | | | | | | | □未役  Waiting for | | | | | |
| 是否符合、具有特殊身分  Qualification Fits Regulations | | | | | | | | □ | 1.原住民  Aboriginal | | | | | | | | □ | 2.殘障  Handicapped | | | | | | | | | | □ | | 3.領取失業補助  Relief Payment | | | | | | | | | □ | | 4.二度就業  Re-employment | | | | | | □ | 5.其他  Others | | | | |
| 介紹人姓名/關係  Who referred you to us?/ Relationship? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | 單位及職務  Employer And Position | | | | | | | | | |  | | | | | | | | | | |
| 嗜好&體育活動&社交活動  Hobbies & Sports & Social Activities | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 你是否在職中?  Are you employed now? | | | | | | | | | | | | | 在職單位為?  If so where? | | | | | | | | | | | | | | | | | | | | | | | 薪水福利及津貼  Gross Salary Benefits | | | | | | | | | | | | | | | | |
| 電腦專長/其他證照，請說明  Computer Skills/Specialized card illuminates | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **聲明 DECLARATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本表所填資料均屬事實，倘有不實情事經察覺本人願接受無條件解雇。  IN SIGNING THIS APPLICATION AND CONSIDERATION OF TERMINATION EMPLOYMENT WITH THE GRAND HI-LAI HOTEL. I DO HEREBY AFFIRM THAT THE PRECEDING  STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE ANY MISREPRESENTATION FACTS THERE OF SHALL BE CAUSE FOR DISMISSAL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人同意接受職前體格檢查並瞭解體檢合格僱用之先決條件，如被僱用，本人同意遵守飯店所有政策及規章並無異議。  I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR OMISSION BY ME HEREIN WILL BE SUFFICIENT CASE FOR DISMISSAL FORM THE SERVICE OF GRAND HI-LAI HOTEL, WITHOUT PAYMENT IN LIEU OF NOTICE. MY APPLICATION SHOULD BE SUCCESSFUL, I UNDERSTAND THAT MY FINAL APPOINTMENT MAY BE CONDITIONAL UPON THE RESULT OF MEDICAL CHECK UP CARRIED OUT BY THE MEDICAL INSERTIONS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 海外應徵人員出入證照自理  NON-RESIDENT APPLICANT SHOULD BE RESPONSIBLE FOR HIS/HER OWN PASSPORT/VISA UNLESS HE/SHE IS APPOINTED BY THE COMPANY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 申請人簽名  Signature Of Applicant | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | 日期  Date  P.3 | | | | | | | | | | | | | | | | | | | |  | | |