 **PERSONAL INFORMATION**

***THIS FORM MUST BE COMPLETED PERSONALLY BY APPLICANT***

***本表必須申請人自行填寫***

**履 歷 表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME IN ENGLISH: 英文姓名 | | | | | | | | | | | Attached photograph taken within past 1 2 months  請貼最近一年內所攝之照片 | |
| NAME IN NATIVE LANGUAGE: 本國文姓名 | | | | | | | | | | |
| BIRTH DATE: 出生日期 | | | | HEIGHT身高 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CM  WEIGHT體重 \_\_\_ KG  BLOOD TYPE 血型\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| BIRTH PLACE: 出生地點 | | | |
| NATIVE PROVINCE AND CITY: 籍貫  省 縣/市 | | NATIONALITY: 國籍 | | | | MALE  FEMALE MARRIED SINGLE | | | 男  女  已婚  單身 |  |
| CITIZENCERTIFICATE PARTICULARS: 國民身分證碼及發給日期 | | | | | | RELIGION: 宗教信仰 | |
| PRESENT ADDRESS: 現在住址 | | | | | | TEL: 電話 | | | | | Identity: 身份別  一般原住民 身心障礙  退休軍公教人員 | |
| PERMANENT ADDRESS: 永久住址 | | | | | | TEL: 電話 | | | | | SPECIAL ACTIVITIES & HOBBIES: 社團活動及嗜好 | |
| ***行動電話： E-Mail：*** | | | | | | | | | | |
| ***最高學歷畢業學校(請加填英文校名、科系)***  EDUCATION  教育程度 | | | | | | | | | | | | |
| GRADE  等別 | NAME OF SCHOOL  學校名稱 | | LOCATION  地點 | | FROM 自 | | | TO 至 | | | | MAJOR SUBJECT  所習科系 |
| MONTH | | YEAR | MONTH | | | YEAR |
| 小學 |  | |  | |  | |  |  | | |  |  |
| 初(國)中 |  | |  | |  | |  |  | | |  |  |
| 高中(職) |  | |  | |  | |  |  | | |  |  |
| ***專科*** |  | |  | |  | |  |  | | |  |  |
| 大學 |  | |  | |  | |  |  | | |  |  |
| ***研究所*** |  | |  | |  | |  |  | | |  |  |
| 其他 |  | |  | |  | |  |  | | |  |  |
| DESCRIBE ANY SPECIAL VOCATIONAL OR TECHNICAL TRAINING AND SPECIALIZED KNOWLEDGE/ABILITY AND WORK EXPERIENCE 詳述所受之特殊職業或技術訓練及具有之特長與工作經驗 | | | | | | | | | | | | |
| CURRENT PROFESSIONAL LICIENSES, IF ANY (GIVE AND NUMBER OF LICENSES AND ISSUING AUTHORITY)  職業證件(證件性質，號碼及頒發機關或社團) | | | | | | | | | | | | |

Use Separate sheet where additional space is needed. 本表各欄如空白不足，請用另紙填寫

FORM 5691500

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \* JOB APPLIED FOR 申請何種工作 | | | | | | | | | | | | | |
| \*LOWEST ACCEPTABLE SALARY 希望最低薪金 | | | | | | | | LOCATION PREFERENCE 願往之工作地區 | | | | | |
| ***TYPING SPEED打字速率 WORDS PER MINUTE*** | | | | | | | | | | | | | |
| LANUAGES (NAME AND INDICATE THE EXTENT AND LIST ALL PAST JOBS IN CHRONOLOGICAL ORDER)  語文(以很好，好，平平表示程度) | | | | | | | | | | | | | |
| LANGUANGE語文 | | | | | READ讀 | | | WRITE寫 | | | SPEAK講 | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
| EMPLOYMENT RECORD (INCLUDE PRESENT OCCUPATION AND LIST ALL PAST JOBS IN CHRONOGICAL ORDER)  履歷(包括現在職業以年月先後順序詳列履歷) | | | | | | | | | | | | | |
| EMPLOYED | | | | JOB TITLE  職位 | | NAME & ADDRESS OF ORGANIZATION  機關名稱及地址 | | | SUPERVISOR’S NAME AND TITLE  主管長官姓名及職稱 | SALARY  薪給 | | REASON FOR LEAVING  離職原因 | |
| FROM自 | | TO至 | |
| MO. | YR. | MO. | YR. |
|  |  |  |  |  | |  | | |  |  | |  | |
|  |  |  |  |  | |  | | |  |  | |  | |
|  |  |  |  |  | |  | | |  |  | |  | |
|  |  |  |  |  | |  | | |  |  | |  | |
|  |  |  |  |  | |  | | |  |  | |  | |
|  |  |  |  |  | |  | | |  |  | |  | |
|  |  |  |  |  | |  | | |  |  | |  | |
| DO YOU POSSES REFERENCE PAPERS FROM ALL YOUR PAST EMPLOYERS LISTED ABOVE? IF NO. STATE REASONS  是否持有上開歷次職業離職證明文件？如無，說明原因 | | | | | | | | | | | | | |
| MILITARY STATUS ( RESERVE STATUS, RANK, ETC.)  軍歷(說明後備軍人身份階級等項) | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN ARRESTED? STATE CIRCUMSTANCES IF YES.  曾否因案被捕(如曾被捕說明原因) | | | | | | | | | | | | | |
| PERSON TO NOTIFY IF CASE OF EMERGENCY  發生意外時通知何人 | | | | | | | RELATION  關係 | ADDRESS  地址 | | | | | TEL  電話 |
|  | | | | | | |  |  | | | | |  |

\* Applicable to job applicants only. 僅適於工作申請人

FORM 5691500

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| INFORMATION REGARDING FAMILY (INCLUDING PARENTS, PARENTS\_IN\_LAW, SPOUSE, CHILDREN, BROTHERS/SISTERS, OTHER CLOSE RELATIVE AND PREVIOUS SPOUSE IF ANY)  家庭狀況(包括父母，岳父母，配偶，子女，兄弟姊妹，其他近親及前配偶) | | | | | | | |
| RELATION  親屬關係 | NAME  姓名 | | BIRTHDAY  出生日期 | | OCCUPATION  職業 | ADDRESS  地址 | |
| ***FATHER***  ***父親*** |  | |  | |  |  | |
| ***MOTHER***  ***母親*** |  | |  | |  |  | |
| ***SPOUSE***  ***配偶*** |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
| LIST THREE LOCAL PEFERENCES WHO ARE ABLE TO SUPPLY INFORMATION REGARDING YOUR CHARACTER AND ABILITY.  請列舉居住本市并能提供有關填表人之品性及能力資料之朋友三人 | | | | | | | |
| NAME  姓名 | | RELATION  關係 | | OCCUPATION  職業(附職稱，機關名稱，電話) | | | TEL. NO  電話號碼 |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
| USE THIS SPACE FOR ADDITIONAL INFORMATION YOU WISH TO ADD  本表內各欄如有附加說明請用此處空白 | | | | | | | |
| I AHTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS FORM AND UNDERSTAND THAT ANY FALSE STATEMENTE MADE HEREIN WILL BE SUFFICIENT CAUSE FOR TERMINATION  本人允許審查本表內所填各項，如有虛報情事願受解職處分  Signature 簽 字  D a t e  日 期  \* THIS FORM WILL BE REMOVED FROM ACTIVE FILE IF APPLICANT IS NOT EMPLOYED WITHIN A YEAR FROM THE DATE THIS FORM IS SUBMITTED 申請人如自申請日起一年內未經錄用本表即予銷廢 | | | | | | | |

FORM 5691500