



**G.T. (Ellen Yeung) College
Secondary Section**

**Non-teaching Staff
Application Form**

優才(楊殷有娣)書院
G.T.(Ellen Yeung)College
10, Ling Kwong Street
Tiu Keng Leng
Tseung Kwan O
Tel : (852) 2535-6867
Fax: (852) 2623-6550

For Office Use

Post Applied: _____

A. PERSONAL PARTICULARS

Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Name in English		Name in Chinese		Recent Photo
Date of Birth (Day/Month/Year)		Age	Gender	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married with _____ kids		
Nationality		<input type="checkbox"/> Hong Kong Identity Card <input type="checkbox"/> Passport Number				
Telephone Number	Home	Mobile		Work	Fax	
Correspondence Address				E-mail Address		
Permitted Teacher Reference Number (If applicable)		Teacher Registration Number (If applicable)			Religion	

B. WORKING EXPERIENCE (IN CHRONOLOGICAL ORDER)

Dates (Month/Year)		Name of Organization/Employer	*Position Held	Nature of Work/Duties
From	To			

*Note. *Please indicate if it is a part-time position*

C. EDUCATION AND ACADEMIC QUALIFICATIONS (IN CHRONOLOGICAL ORDER)

Dates (Month/Year) (Please state if Part-time)		Full Name & Location of Secondary & Tertiary Education Providers	Field of Study	Abbreviation (e.g., B.A, Ph.D)	Qualifications Obtained (Pls. indicate the abbreviation before description)	Date of Award (Month/Year)	Copy Verified (For Office Use)
From	To						

D. PUBLIC EXAMINATION RESULTS

*Subjects	Hong Kong Examination Authority		Overseas Examination Board (Please specify)	
	Please specify: <input type="checkbox"/> HKCEE <input type="checkbox"/> HKDSE	Please specify: <input type="checkbox"/> HKDSE <input type="checkbox"/> HKALE		
Chinese Language				
English Language				
Mathematics				

*Note. *Please fill in all subject names in the column, and write the subjects taken in secondary school and specify the grading, (e.g., A, B, C ...) obtained in the public examination. If you have not attended any of the above examination(s), please leave the box(es) blank.*

E. SUPPLEMENTARY INFORMATION

Expected Salary HK\$	per month	Date Available (Day/Month/Year)
Others		

F. REFEREES

a. Please enter below the names, addresses, and professional status of two persons who have agreed to act as your referees with regard to your work. The School may seek confidential reference on you once you are shortlisted for further consideration.

Name _____

Position Held _____

Organization _____

Telephone Number _____

Address _____

Name _____

Position Held _____

Organization _____

Telephone Number _____

Address _____

G. DECLARATION

a. Have you ever previously been convicted of a criminal offence in Hong Kong or elsewhere, or involved in any ongoing criminal proceedings or investigations to the best of your knowledge, including but not limited to arrest or apprehension by the police?

Yes
 No

Do you give consent to/agree to :

b. The School to consult your previous employers about your performance, including whether, to the best of your previous employers' knowledge, you are being investigated over professional misconduct allegations?

c. Voluntarily submit application to the Sexual Conviction Record Check (SCRC) Office of the Hong Kong Police Force to undergo the SCRC, and authorize the School to access the check result through the Auto-Telephone Answering System?

Yes
 No
 Not Applicable
 Yes
 No

I declare that the information and documents provided in this application are, to my best knowledge, accurate and complete. I understand that my application will be disqualified if any information and document provided is found to be false. I hereby give my consent to G.T. (Ellen Yeung) College to contact my personal referees as provided in **Section F** to comment on my suitability for the post applied for.

Signature _____

Date _____

All information provided will be treated as confidential and will only be used for recruitment purpose.