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| 姓　名Chinese Name |  |  | 國籍Nationality |  | 性別Sex |  | 血型Blood Type |  |
| 英文名English Name |  | 英文譯名RomanizationOf Chinese Name (optional) |  | 出生地Birthplace |  |
| 身分證號ID number |  | 外籍證照號Passport Number |  | 居留證號 Number of Alien Resident Certificate  |  |
| 出生日期Birthday |  |  | E-MAIL | 　　　　 |
| 通 訊 處Address |   | 電話/手機 Home and cellphone number | ( ) |
| 戶籍地址 Permanent Adress |   | 緊急聯絡人/關係Relationship of Emergency contact |  |
| 緊急連絡地址Emergency Contact Address |   | 緊急聯絡人電話Emergency Contact Telephone |  |  |
| 專　　 長Profession |  | 婚姻MaritalStatus | □已婚 Married□未婚 Single | 撫養人數 Number of dependents |  |
| 現職機構 Current Organization |  | 職 稱Position |  |
| 學歷Education | 學 校 名 稱Name of School | 院系級別Major | 肄畢業起訖日期Date of Entry and Graduation | 畢業學位Degree |
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| 經歷Working Experience | 服務機構Organization | 職稱Position and Title | 到職日Start date | 離職日End date | 工作內容Job Description | 與應徵工作相關度(用人主管填寫) Relevance to applied position(Manager fills in) |
| 0% | 25% | 50% | 75% | 100% |
|  |  |  |  |  |  |  |  |  |  |
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※上述資料如有不實情節，填寫人願受行政處分及法律責任。

※if the information provided above is false, I am willing to accept the administrative sanction and legal liability.

填表人簽名 Applicant Sign：

填寫日期Date ： Year Month Day

※為了解您是否從事過特別危害健康作業，請填寫本頁作業調查內容。

※To understand whether you have done work which would damage your health, please fill out the following form.