



**APPLICATION FORM FOR ACADEMIC / TEACHING/CLINICAL / FIELD EDUCATION POSTS**

<p><b>NOTES TO APPLICANTS:</b></p> <p>1. For clarify sake, this application form should be typed or clearly written. Please use separate sheets for details or explanations if necessary. The completed application form should be returned to the Human Resources Office, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong or by email to hrstaff@polyu.edu.hk.</p> <p>2. All information given in this form will be treated in <b>STRICT CONFIDENCE</b>.</p> <p>3. The personal data in relation to your application will be used by the University to assess your suitability for assuming the position you are applying for. It may be provided to departments/offices/centres/units, and/or any other internal/external bodies, where applicable, as authorised by the University to process the information for purposes relating to the collection of such information.</p> <p>4. All the unsuccessful applications will be disposed of as soon as practicable and not later than six months after completion of the relevant recruitment exercises.</p> <p>5. Provision of full and complete information in your application and completion of all items on the application form is obligatory for selection purposes. Failure to provide these data may affect the processing and outcome of your application.</p> <p>6. Under the Personal Data (Privacy) Ordinance, you may request for access to, and/or correction of your personal data in relation to your application. If you wish to do so, please write to the Director of Human Resources, Human Resources Office, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong.</p>	For Office Use			
	Ref. No.			
	Shortlisted			
	Interviewed			
	Reference			
<p><b>Post applied for</b> _____ (<b>Post Ref. No.</b> _____ )</p> <p><b>Specialism (if applicable)</b> _____</p> <p><b>Department</b> _____</p>				
I learned of this vacancy from _____				
<b>I PERSONAL PARTICULARS</b>				
Surname		Given Name (in full)		
Name in Chinese (if applicable)		Title: *Prof. / Dr / Mr / Mrs / Ms / Miss		
Hong Kong I.D. Card No.		Passport No.	Date of Birth	
Correspondence Address		Tel. No.: (Office)		
		(Res.)		
Permanent Address		(Mobile)		
		Fax No.:		
		E-mail:		
<b>II EDUCATION (in chronological order)</b>				
Dates of Attendance (Month / Year)		Institution of Learning	Qualification or Degree Obtained	Date of Award (Month / Year)
From	To			

**III PROFESSIONAL QUALIFICATIONS (in chronological order)**

Name of Professional Institution	Name of Award	How is it obtained (e.g. by examination)	Date of Award (Month / Year)

**IV APPOINTMENTS HELD (in chronological order)**

Dates (Month / Year)		Name of Organization	Appointment Held (For part-time appointments, please specify)
From	To		

**V FURTHER DETAILS ON PRESENT/MOST RECENT EMPLOYMENT**

\*Length of notice of resignation to my present employer / If appointed, earliest date available: \_\_\_\_\_

\*Present salary / Last salary: HK\$ \_\_\_\_\_ per month ( \_\_\_\_\_ months per year)

Date of last salary revision: \_\_\_\_\_

Other allowances (please specify nature of each allowance and amount): \_\_\_\_\_

Expected salary: HK\$ \_\_\_\_\_ per month

\*Former PolyU staff / Serving PolyU staff      Staff no.: \_\_\_\_\_

**VI REFEREES**

Please nominate three referees from different organizations who are able to comment on your suitability for the post applied.

Name	Position Held and Organization/ Your Relationship with the Referee	Contact Address, Tel. No., Fax No. and E-mail

**VII DECLARATION**

- I declare that the information given above is correct and complete to the best of my knowledge and belief. I understand that if I give any false information or withhold any relevant information, I shall render myself liable to dismissal upon appointment to the service of The Hong Kong Polytechnic University.
- In connection with my application for the post of \_\_\_\_\_, I hereby authorise The Hong Kong Polytechnic University to send my CV and/or any materials relevant to my application to the referees nominated above for seeking references and any internal/external assessors to be appointed by the University as deemed necessary. I also authorise the nominated referees to release any relevant information of me to the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (IN BLOCK LETTERS)