



## APPLICATION FORM

**Position Applied** : \_\_\_\_\_

PERSONAL PARTICULARS				
Name in English (Block Letters)			Name in Chinese	
Address				
Contact No.	Residential		Mobile	
	Pager		Office	
<p>Are you a permanent Hong Kong resident?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Please specify the type of identity document you are now holding: _____</p> <p>Does your VISA permit allow you to work in Hong Kong?</p> <p>Yes <input type="checkbox"/> Please specify the expiry date of your working VISA _____ (D/M/Y)</p> <p>No <input type="checkbox"/></p>				

ACADEMIC BACKGROUND				
Period (Month / Year)		Schools / Colleges / Universities Attended (Start from Highest Education)	Level / Award	Full Time / Part Time
From	To			

PROFESSIONAL QUALIFICATIONS		
Month / Year	Professional / Examination Bodies	Level of Achievement / Membership Obtained

EMPLOYMENT HISTORY (Give particulars of your employer. Start with your present job)							
From (M/Y)	To (M/Y)	Name and Address of Company	Business Nature	Position Held	Duties	Final Salary	Reasons for leaving

LANGUAGE & SKILLS						
Language	Proficiency					
Written English	Native <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Spoken English	Native <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Mandarin	Native <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Cantonese	Native <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Others:	Native <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
PC Skills						
Others						

RELATIVES OR FRIENDS, IF ANY, EMPLOYED BY OUR COMPANY		
Name	Position	Relationship

GENERAL	
Expected Salary: HK\$	x months   Date Available:

**DECLARATION**

- I hereby declare that I \* have / I have not been convicted of a criminal offence in a court of law.  
Note : A criminal conviction is not necessarily a barrier to employment with BUPA Health Insurance.  
(\* Please delete if inappropriate)
- I voluntarily supply my personal data to BUPA Health Insurance. I understand and agree that the data is collected by BUPA Health Insurance for the purpose of considering my application for a position, and if my application is successful, the data will be kept as part of BUPA Health Insurance as employee records. I also understand that I have the right to request for access to and correction of (in case of inaccuracy) the data and such request can be made to the Human Resources of BUPA Health Insurance.
- I declare that all information supplied in this application is accurate and complete. I understand that any misrepresentation made by me on this application may be grounds of immediate discharge or rejection from consideration for further employment. If my application is unsuccessful, I understand that BUPA Health Insurance will keep my personal information in a recruitment active file and should a suitable vacancy arise within 6 months, I may be contacted. After which, my application data will be destroyed.
- I authorize BUPA Health Insurance to investigate all information supplied in this application form and understand that if I willfully give any false information or withhold any material information, I shall render myself liable to dismissal.

Signature of the Applicant : \_\_\_\_\_

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