

Employment Application/Record Form

The information provided by you herein will only be used for employment purposes and also for our future personnel record if you subsequently join our company; or otherwise it will be destroyed within 1/2 year. The information about sex, age, family/marital status, disability and health is **optional**, will only be used for our future personnel record only and bears completely no relationship to our consideration of your application for employment.

PHOTO
(Optional)

POSITION APPLIED FOR:	Date:
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1. PERSONAL INFORMATION:

(Please tick an appropriate title: Miss Ms. Mrs. Mr. Dr.)

Surname:	First Name:	Other Name (If any)	
Name in Chinese:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Nationality:	HKI.D. Card/Passport No.:		
Date of Birth:	Place of Birth:		
Address:			
Email Address:			
Telephone No.:		(Home):	
Next of Kin (For emergency contact)	Relationship:	Contact Telephone No.:	
Name of family members :	Relationship :	Age :	Occupation :

2. STATE OF HEALTH: (Please describe any major illness, disability or medical operation in last 3 years)

3. DO YOU HAVE ANY CRIMINAL RECORD? YES NO

If your answer is "YES", please provide further details: _____

4. LANGUAGE ABILITY:

English
Cantonese
Mandarin

Others: _____

Written			Spoken		
GOOD	FAIR	POOR	GOOD	FAIR	POOR

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

5. WORKING EXPERIENCE (starting from the present/latest employment & in chronological order)

Name of Employer	Position	Dates Fm/To	Last Salary	Reason of Leaving

Any other information you would like to give about your experience :

6. EDUCATION/ACADEMIC QUALIFICATION

(starting from the latest qualification, including secondary/high school education)

College/Polytechnic/University	Subject(s) Studied	Dates Fm/To	Certificate/Diploma/ Degree Obtained

7. PROFESSIONAL QUALIFICATION

Name of Professional Organization	Membership Status	Year Obtained	By Exam. (Yes/No)

8. COMPUTER KNOWLEDGE

Please specify the computer software with which you are conversant & your level of competence:

Name of Software	Excellent	V. Good	Good	Fair

9.

Expected Salary:	Per Month	Date Available:
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Any further information you wish to provide in support of your application: _____

Please provide information about your immediate supervisor of your present/last employer for our reference check. Your present employer will not be contacted until after you have accepted an offer of employment with Edwin McAuley Electronics Ltd.

Name	Position	Name of organization	Telephone No.

I certify that the information provided in this form is to the best of my knowledge true and complete, and no other relevant information is deliberately retained from disclosure. I agree that my employment will be contingent upon the truthfulness and completeness of the information contained in this form and to grant permission to Edwin McAuley Electronics Ltd. to verify such information.

I have read the above statement and accept the same as a condition of my employment with Edwin McAuley Electronics Ltd.

No signature is required

Signature of Applicant

Name

Date

INTERVIEW ASSESSMENT

OFFICIAL USE ONLY

First Interviewer: Name: _____ Date: _____

	Excellent	Good	Average	Poor
Experience				
Knowledge				
Communication				
Aptitude/Profile				
Motivation				
Confidence				

Signature: _____

COMMENTS: _____

Second interviewer: Name: _____ Date: _____

	Excellent	Good	Average	Poor
Experience				
Knowledge				
Communication				
Aptitude/Profile				
Motivation				
Confidence				

Signature: _____

COMMENTS: _____

HR Follow Up

Ability Tests and OPQ? Yes No Arrangement date: _____

Rejected

Offered

Position: _____ Report to: _____

Salary: _____ Commencement date: _____

Contract to be signed: on _____ when report duty