

Sample Application Form of Work Experience Activity

Application Form

1. Please complete this form in **BLOCK LETTERS** using black or blue pen.
2. Please **tick** the appropriate box(es).

PERSONAL PARTICULARS													
English Name						Photo							
Chinese Name				Date of Birth DD / MM / YYYY									
H.K.I.D. Card No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X X (X)				Length of residence in H.K. years									
Mobile No.				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female									
Ethnic Origin <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Nepalese <input type="checkbox"/> Pakistan <input type="checkbox"/> Mixed Please specify: _____ <input type="checkbox"/> Others : _____			Religion <input type="checkbox"/> Buddhism <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim/Islamic <input type="checkbox"/> Sikh <input type="checkbox"/> Nil <input type="checkbox"/> Others : _____			Living District <input type="checkbox"/> Kwai Tsing <input type="checkbox"/> Yuen Long <input type="checkbox"/> Sai Kung <input type="checkbox"/> Tsuen Wan <input type="checkbox"/> Tuen Mun <input type="checkbox"/> Tai Po <input type="checkbox"/> Sha Tin <input type="checkbox"/> North <input type="checkbox"/> Islands <input type="checkbox"/> Wong Tai Sin <input type="checkbox"/> Sham Shui Po <input type="checkbox"/> Kowloon City <input type="checkbox"/> Yau Tsim Mong <input type="checkbox"/> Kwun Tong <input type="checkbox"/> Wan Chai <input type="checkbox"/> Central & Western <input type="checkbox"/> Eastern <input type="checkbox"/> Southern							
EMERGENCY CONTACT PERSON													
Contact Person				Relationship				Tel No.					
EDUCATIONAL BACKGROUND													
Attending School				Class				Class No.					
LANGUAGE COMPETENCE													
Mother Tongue *Please Select 1 only*		Language		Spoken Language Competence					Written Language Competence				
				Fluent	Good	Fair	Poor	N/A	Fluent	Good	Fair	Poor	N/A
<input type="checkbox"/> Cantonese		<input type="checkbox"/> Cantonese		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> English		<input type="checkbox"/> English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French		<input type="checkbox"/> French		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hindi		<input type="checkbox"/> Hindi		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nepali		<input type="checkbox"/> Nepali		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Punjabi		<input type="checkbox"/> Punjabi		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Putonghua		<input type="checkbox"/> Putonghua		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tagalog		<input type="checkbox"/> Tagalog		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Urdu		<input type="checkbox"/> Urdu		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others : _____		<input type="checkbox"/> Others : _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPUTER LITERACY													
Word Processing Skill <input type="checkbox"/> Typing in Chinese <input type="checkbox"/> Typing in English <input type="checkbox"/> Others : _____				Application of Common Business Software <input type="checkbox"/> Microsoft Office (Word) <input type="checkbox"/> Microsoft Office (Excel) <input type="checkbox"/> Microsoft Office (Power Point)				Multimedia Editing <input type="checkbox"/> Webpage design <input type="checkbox"/> Video editing <input type="checkbox"/> Others : _____					
_____ Signature of Student						_____ Date							