



APPLICATION FORM

求职申请表

PERSONAL PARTICULARS 个人资料

Staff No. 员工号码

Position Applying For 申请职位	Nationality & Place of domicile 民族/户口所在地及性质（城镇/农村） / /	Photo 照片
Name 姓名	Identity Card No. 身份证号码	
Mail Address 通信地址	Place & Date of Birth 出生地点及日期 /	
Email Address 电子邮件	Sex 性别	Marital Status 婚姻状况
Start working date 开始参加工作日期	Years of experience 工作年限	Political status 政治面貌
Contact Telephone 联络电话 Emergency Telephone 紧急联络电话	Present Monthly Salary 现时税前月薪 RMB	Monthly Salary Expected 要求税前月薪 RMB

PHYSICAL CONDITION 身体状况

Height 身高 cm 公分	Weight 体重 kg 公斤
Audition 听力 <input type="checkbox"/> Normal 正常 <input type="checkbox"/> Others 其他（请说明）	Vision 视力 <input type="checkbox"/> Normal 正常 <input type="checkbox"/> Others 其他（请说明）

FAMILY BACKGROUND 家庭状况

Name 姓名	Relationship 关系	Age 年龄	Occupation 单位名称及职位

HOBBIES 兴趣

EDUCATIONAL EXPERIENCE 教育经历

Educational Level 教育水平	Institution 学校名称	Specialty 专业	Period 起止时间	Achievement 成绩	Full time 是否全日制
Technical Secondary School 中专或技校					
Junior College 大专					
Bachelor (BA) 本科（学士）					
Master (MA) 研究生（硕士）					

TRAINING EXPERIENCE 培训经历

Training Subject 培训科目	Training Institution 培训机构	Training Location 培训地点	Period 起止时间	Certification 获得证书

Working Experience 工作经历

Period 时期	Company Name 公司名称	Position 职位	Monthly Salary 税前月薪	Duties Involved 主要职责	Cause for Quitting 离职原因

LANGUAGE SKILLS 语言技能

Language 语言	Writing 书写			Oral 口语			Comprehension 理解		
	Good 优	Fair 良	Poor 差	Good 优	Fair 良	Poor 差	Good 优	Fair 良	Poor 差
Mandarin 普通话									
English 英语									

CHARACTER REFERENCE 关于本人情况的证明

Name 证明人姓名	Company Name 单位名称	Position 职位	Address & Phone 地址及电话

HEALTH AND LEGAL STATEMENTS 健康状况及法律声明

Insert a tick “√” where applicable .请在相关方格内填写“√”				
If “Yes”, please give details in the space provided. 如答 “是”，请加以说明。			Yes 是	No 否
1	Have you ever suffered from any mental illness for which you have received psychiatric or mental treatment ? 阁下曾否患上任何精神疾病而接受过精神或心理治疗？			
2	Have you ever suffered from any congenital or physical illness or disability for which you have received medical treatment ? (e.g., hepatitis , diabetes, tuberculosis, epilepsy, asthma, high blood pressure, etc) 阁下曾否患上任何先天性疾病或传染性疾病或缺陷而接受过治疗，或因后天性疾病等接受过相关手术治疗？			
3	Have you violated Chinese laws and regulations or ever had records of misconduct before? 阁下曾否触犯过国家法律、法规，或有任何不良纪录？			
4	Have you applied for employment with MTU Zhuhai before? If “Yes”, what position and when? 阁下曾否向珠海摩天宇申请任何职位，什么职位及何时？			
5	Do you have any relatives working in MTU Zhuhai? If “Yes”, who and what position? 阁下有亲属在本公司工作，何人及任何职？			
6	Have you any active participation in any business undertaking? 阁下曾否积极参与任何商业投资？			

DECLARATION 声明

<p>I certify that to the best of my knowledge, the foregoing statements and medical history information given by me are true and correct. I understand that if I am employed, any falsification or omission by me herein may lead to immediate dismissal from the employment with MTU Zhuhai without notice or payment in lieu of notice. I also authorize any investigation of the above information for purposes of verification.</p> <p>本人确保以上所提供之资料均属实及正确，如有虚报及隐瞒资料，将接受公司无赔偿之即时解雇处分。本人并授权贵公司对此申请表内之资料作彻查。</p>	
Applicant's signature 申请人签名	Date 日期

FOR HR USE ONLY. 人力资源部专用

Remarks 备注				
Graduate 学历		Years of experience 工龄		Starting Date 入职时间
Dept. Section/Position Code 所在部门及职位代码		Position Offer 职位		Staff No 员工号码
<input type="checkbox"/> New headcount 新录人员 <input type="checkbox"/> Social recruit 社招人员 <input type="checkbox"/> Replacement 补录人员 <input type="checkbox"/> Graduate 应届生				
Medical Examination 体检				
Date 时间	Venue 地点	Result	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT	
ZHR 签字 Signature of ZHR				
Please contact ZHS for the following salary information. 下列工资信息请联系薪酬福利分部				
新工资体系匹配岗位 Position in New Salary System		岗位序列 Position Category		
岗位工资 Position Salary		工资等级 Salary Grading		
效益工资 (100%) Performance Salary		是否享受特殊岗位津贴 Special Position Allowance	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
保留工资 Retention Salary		是否享受人才补贴 (仅针对应届生) Talent Subsidy(Only for Graduate) RMB 500 for Bachelor RMB 1000 for Master	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
合计 Total				
ZHS 签字 Signature of ZHS				

APPROVALS 审批

SIGNATURES 签字

Department Manager or Senior Manager 所在部门经理或高级经理	Date 日期	
Department Director 所在部门总监	Date 日期	
HR Department Director 人力资源部总监	Date 日期	
The GM or VGM 总经理或副总经理	Date 日期	