



Employment Application 职位申请表

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Please attach
Photo Here

Instruction:

填表须知

- Please fill up the form in detail and neatly, it will be kept as a personal record if you are employed.
请务必以正楷笔迹填写此申请表，如被录用此表将归入个人档案。
- Please attach your copies of certificates/testimonials with this form. Originals are required for verification.
证书/证明的复印件应附在申请表后，原件在面试时核实。
- Please sign and date your application.
完成此表后请签上姓名及填表日期。

Dept./ Position Applied for 申请部门 / 职位

<input type="checkbox"/> Permanent 正式工 <input type="checkbox"/> Part time 临时工 <input type="checkbox"/> Trainee 实习生 <input type="checkbox"/> Other 其它 <input type="checkbox"/> Retirees/ Re-employment 退休/返聘 <input type="checkbox"/> Agreement on Reservation of Social Security 协保 <input type="checkbox"/> Land Acquisition 征地 <input type="checkbox"/> Laid-off 下岗	First Choice 第一选择:	Expected Salary (Gross) 期望薪资:
	Second Choice 第二选择:	Expected Salary (Gross) 期望薪资:
	Current Position 现任岗位:	Present Salary (Gross) 目前薪资:
	Date Available to Start 可上任日期: _____	Are you Able to Work Night/Split Shift 可否上夜班/倒班 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Personal Information 申请者个人信息

Chinese Name: 姓名		English Name: 英文名		ID / Passport No.: 身份证/护照号码	
Gender: 性别 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		Hometown: 籍贯	Nationality: 民族	Political Status: 政治面貌	Hukou: 户籍 <input type="checkbox"/> Urban 城镇 <input type="checkbox"/> Rural 农村
Date of Birth: 出生日期		Education Level: 文化程度		Marital Status: <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 离异	
Home Tel. No.: 家庭电话		Mobile No.: 手机		E-mail: 电子邮箱	
Permanent Address: 户口所在地址				Post Code: 邮编	
Current Address: 目前居住地址				Post Code: 邮编	

Experience 工作经历 (Starting with the latest job 请由最近的开始填写)

Company Name 公司名称	From 从何时	To 至何时	Position 所任职位	Salary 薪金	Reasons for leaving 离职原因	Reference & Contacts 证明人及联系方式
1.						
2.						
3.						
4.						
5.						

Education 教育经历 (Starting with the Latest Education Qualification 请由最高学历开始填写)

Name of School/ University 学校名称	From 从何时	To 至何时	Department & Major 系科 / 专业	Degree / Certificate Obtained 取得学历或证书

Training 培训经历 (Starting with the most recent Training course attended 请由最近的开始填写)

Training Organization 培训机构名称	From 从何时	To 至何时	Course 培训科目	Qualification / Certificate Obtained 取得证书、等级或职称

Family Members 家庭成员 (i.e.: spouse, children, parents, others 请按配偶、子女、父母、其他亲属的顺序填写)

Relationship 关系	Name 姓名	Age 年龄	Company 工作单位	Position 职位	Contact No. 电话号码

Emergency Contact Person: _____ Contacts No.: _____ Relationship: _____
紧急情况联系人 _____ 联络方式 _____ 与本人关系 _____

Language 语言	Reading 阅读			Communicating 会话			Writing 书写		
	Fluent 流利	Fair 普通	Poor 略懂	Fluent 流利	Fair 普通	Poor 略懂	Fluent 流利	Fair 普通	Poor 略懂
Mandarin 普通话									
English 英语									
Other Languages 其他									
Practical Computer Skills: 操作熟练的电脑技能 <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> OPERA <input type="checkbox"/> Others _____									
Driving License: 驾驶证 <input type="checkbox"/> A License <input type="checkbox"/> B License <input type="checkbox"/> C License Date Issued 发照日期 _____									
Other Skills/Special Skills: 其他技能/特长					Activities and interests: 兴趣爱好				

Health Condition 健康状况

Do you have any physical disabilities? If so, please elaborate : 您的身体是否有缺陷（视觉、听觉、腰背、四肢等）？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 如有，请说明 _____	Height: 身高 _____ CM
Have you had any serious illness, injury or operation within the last 5 years? If so, please elaborate: 最近五年内是否有患过严重疾病、损伤或接受过任何手术？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 如有，请说明 _____	Weight: 体重 _____ KG
Are you pregnant now? 您现在是否怀孕？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	Eye Sight: 视力 _____

Other Information 其它资料

Are any of your relatives, friends or family members are employed by our hotel, Jumeirah Group or Zendai Group and /or its subsidiary? 有无亲属或朋友在本酒店、卓美亚集团或证大集团或其下属单位任职?如有请列明。 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 如有，请填写以下信息：		
Name : 姓名	Position : 职位	Relationship : 与申请人的关系
Do you have any criminal record? If yes, please elaborate: 曾否被法庭判罪？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 如有，请说明 _____		
Have you been discharged from employment? If yes, please elaborate : 曾否被解雇？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 如有，请说明 _____		
Accommodation Requirement 酒店宿舍需求	<input type="checkbox"/> No 无 <input type="checkbox"/> Yes 是	
Please specify source below, where did you get the job information? 您如何得知我们的职位信息,请打勾	<input type="checkbox"/> Job agency 职介所 <input type="checkbox"/> Job Market 人才市场 <input type="checkbox"/> Website 网站招聘 <input type="checkbox"/> Vocational School 职业学校 <input type="checkbox"/> Staff Recommended 员工推荐 <input type="checkbox"/> Recruitment fair 专场招聘 <input type="checkbox"/> Others 其他	

Declaration 声明

The statements and information furnished in this form are to the best of my knowledge true and complete. I have not withheld any information that may affect my application unfavorably. I authorize Jumeirah Himalayas Hotel Shanghai to obtain from my former employers any information they may have concerning my performance and employment record. I understand that if any information supplied in this form is found to be inaccurate or untrue, I will be liable for termination without compensation, if employed. I also understand and agree that should I be offered employment, it is subject to successfully passing the pre-employment medical check-up. 本人保证本表格所填写一切均属事实并完整可靠，没有隐瞒对自己求职不利的信息。本人授权上海卓美亚喜玛拉雅酒店向本人前雇主了解本人的工作情况及表现。如经调查证实本表格的填写有错误及不诚实之处，愿意接受被无偿解雇之处分，最后本人同意通过职前体检作为获得正式雇佣之前提。		
Applicant's Signature : 申请人签名	Application Date : 申请日期 (D 日) (M 月) (Y 年)	

INTERVIEW REPORT 面试报告

5 Outstanding 出色

4

3 Average 一般

2

1 Poor 差

Factor 因素	1 st Interview 第一次面试	2 nd Interview 第二次面试
Grooming/Body language 仪容仪表		
Self-confidence 自信心		
Sociability 社交能力		
Energy Level 活力		
Ability to express 表达能力		
Ambition 志向		
Service Orientation 服务意识		
Decisiveness 决断性		
Job knowledge / skill 工作知识 / 专业技能		
Education Background 学历		
Relevant Working Experience 相关工作经验		
Other Language 外语水平		

General Comments of 1st Interviewer 第一次面试总体评价

Name 姓名 _____ Signature 签字 _____ Date 日期 _____

General Comments of 2nd Interviewer 第二次面试总体评价

Name 姓名 _____ Signature 签字 _____ Date 日期 _____

Reference Check 背景调查 Yes 记录良好 No 不良记录 By 由 _____ Date 日期 _____

Approval 批准

Dept. /Division Head /Date
部门经理/日期_____
Director of Human Resources/Date
人力资源总监/日期