

Application Form

三龙有限公司
地址:香港九龙观塘海滨道66号海滨匯3座28樓
電郵: admin@samlonghk.com
传真:852 2516 3138
Registered no: 00806688 0000 6221
Sam Long Limited Company



1) Position Applied For

Personal Data Information

Addressing Title :
Full Name :
Address :
Phone Number : Home Tel Number :
Place Of Birth : Gender : Male Female
Date Of Birth :
D D M M Y Y Y Y Religion :
Nationality : RACE :
NRIC NO : Passport NO :
Marital Status : Income per annum :

Family Particulars

Spouse 's Full Name :
Occupation :
Name / Address of Employer :
Father's Full Name :
Occupation :
Phone Number :

Linguistic Ability

LANGUAGES / DIALECTS	Speak "WK" for working knowledge and "F" for fluent		
	Speak	Read	Write
Cantonese			
English			
Other Languages/Dialects please specify			

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Medical & Physical Status

Have you suffered from or are you currently suffering from serious illness?

Yes No (If Yes, please state exact details)

Are you suffering from any physical disabilities?

Yes No (If Yes, please state exact details)

Declaration

I declare that the information given in this application is true and accurate. I understand that any misrepresentation of facts given herein will be sufficient cause for dismissal as the company's agent.

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Signature

.....
Date