

Application Form

三龙有限公司
地址:香港九龙观塘海滨道66号海濱匯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

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