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| 姓　名  Chinese Name | |  | | | |  | 國籍Nationality | | |  | | | | 性別Sex |  | | | | | 血型Blood Type | | | | |  | | |
| 英文名  English Name | |  | | | | | 英文譯名Romanization  Of Chinese Name (optional) | | | | |  | | | | | 出生地Birthplace | | | | | |  | | | | |
| 身分證號  ID number | |  | | | | | 外籍證照號  Passport Number | | |  | | | | | 居留證號 Number of Alien Resident Certificate | | | | | |  | | | | | | |
| 出生日期Birthday | |  | | | | |  | | | E-MAIL | | |  | | | | | | | | | | | | | | |
| 通 訊 處  Address | |  | | | | | | | | 電話/手機 Home and cellphone number | | | | | | | | ( ) | | | | | | | | | |
| 戶籍地址 Permanent Adress | |  | | | | | | | | 緊急聯絡人/關係  Relationship of Emergency contact | | | | | | | |  | | | | | | | | | |
| 緊急連絡地址  Emergency Contact Address | |  | | | | | | | | 緊急聯絡人電話  Emergency Contact Telephone | | | | | | | |  | | | | | | | |  | |
| 專　　 長  Profession | |  | | | | | | | | 婚姻  Marital  Status | | | □已婚 Married  □未婚 Single | | | | | | | 撫養人數 Number of dependents | | | | | | |  |
| 現職機構 Current Organization | |  | | | | | | | | | | | 職 稱Position | | |  | | | | | | | | | | | |
| 學  歷Education | 學 校 名 稱  Name of School | | | 院系級別  Major | | | | 肄畢業起訖日期Date of Entry and Graduation | | | | | | | | | | | | | | 畢業學位  Degree | | | | | |
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| 經歷Working Experience | 服務機構  Organization | | 職稱  Position and Title | | 到職日  Start date | | | | 離職日  End date | | 工作內容  Job Description | | | | | 與應徵工作相關度  (用人主管填寫)  Relevance to applied position  (Manager fills in) | | | | | | | | | | | |
| 0% | | | 25% | | 50% | | | 75% | | 100% | |
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※上述資料如有不實情節，填寫人願受行政處分及法律責任。

※if the information provided above is false, I am willing to accept the administrative sanction and legal liability.

填表人簽名 Applicant Sign：

填寫日期Date ： Year Month Day

※為了解您是否從事過特別危害健康作業，請填寫本頁作業調查內容。

※To understand whether you have done work which would damage your health, please fill out the following form.