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Advertisement Ref. No.	

Application for Appointment of Full-time Graduate Teaching Assistants (Category C) International Transition Team Scheme: Graduate Teaching Assistants

Important Notes

- This application form should be completed in block letters and submitted via email at hrojob@cityu.edu.hk or by post to the Human Resources Office, City University of Hong Kong, Tat Chee Avenue, Kowloon, Hong Kong, together with a copy of the following documents (please use a separate sheet for further details and explanation where necessary):
 - (a) Official certificates and transcripts of academic qualifications (Certificates and transcripts that are not in English should be accompanied by a formal certified translation in English). [Applicants who obtained degrees from institutions that gave degree classification and/or grade point average but are not shown in the certificate or transcript are required to also send copies of any other official documents that indicate their formal degree classification or grade point average.]
 - (b) Certificates of professional qualifications, if applicable
 - (c) Applicant's most recent CV
 - (d) Recommendation letter from the applicant's present university
 - (e) Results of international English language tests, if applicable.
- All information provided will be treated in STRICT CONFIDENCE and used for appointment and other employmentrelated purposes by the University. It may be disclosed to personnel, departments or agencies authorized to process the
 information for purposes relating to appointment. Information provided by unsuccessful candidates will be destroyed
 after the exercise when no longer required.
- For correction of or access to personal data after submission of the application form, please contact the Human Resources Office and quote the reference of the post applied for.

1. Personal Particulars English Name:

English Name:																											
Surname:																											
Given Name:																											
Chinese Name (if app	olicab	le):																		Geno	der	: [Ma Fem		
Chinese Character Code:																						<u> </u>					
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Date of Birth: Day Month Year Nationality:																											
2. Contact Information	<u>.</u>																										
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Contact Phone No.:								- [- [
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3. <u>Un</u>	dergraduate/l	Postgraduate Aca	ademic Qualifications Ob	<u>tained</u>									
1.	Period of Stu	dy (<i>Month/Year</i>): (F	From:	To	:)						
	Name of Awa	arding Institution: _		Cou	ntry of the Institution	on:							
	Programme o	f Study (Major) :		Full-	-time/ Part-time (pl	ease delete as appropriate)							
	Classification	of Award:		Late	Latest/Final Result (e.g. GPA): out of								
	Medium of Ir	nstruction (e.g. Engl	ish):	(Exp	ected) Month/Year	r of Award:							
2.	Period of Stu	dy (<i>Month/Year</i>): (F	From:	:)							
	Name of Awa	arding Institution: _		Cou	ntry of the Instituti	on:							
	Programme o	f Study (Major) :		Full-	-time/ Part-time (pl	ease delete as appropriate)							
	Classification	of Award:			Late	Latest/Final Result (e.g. GPA): out of							
	Medium of Ir	nstruction (e.g. Engl	ish):		Mon	Month/Year of Award:							
4. <u>Res</u>	sults of Intern	national English I	Language Tests Taken, if	Applica		ade/Score	Month and Year of Test						
		Name (or rest		Gra	ade/Score	Month and Tear of Test						
	l Elo	4 December 1			<u> </u>								
5. <u>rui</u>	i Employmen	t Record to Date											
	From (Mth./Yr.)	To (Mth./Yr.)	Name of Orga	anizatior	ı	Title of Position & Nature of Duties							
Ea	rliest date avai	lable if appointed											
	ner Information ou have relative		University of Hong Kong, p	olease inc	licate their na	nmes, positions an	d relationship to you.						
	Nar	ne	Relationship		Position	Position and Serving Department in CityU							
1.													
2.													
	claration												
	.												
(a)	understand t Kong has the	hat if I knowingl	y give false information of any verbal/written offer of	or withh	old any mat	terial information	, correct and complete. In , City University of Hong dismissal if I am eventually						
(b)	I agree to sul when require		lifications claimed in this a	pplication	on form by p	oroducing origina	l certificates and transcripts						
S	ignature:			Date:									