

<i>Official Use</i>
Received Date : _____
Application No. : _____
Job Ref. No. : _____
Common Assessment (if applicable): Yes / No

<i>Applicant must provide a photo.</i>
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Smart Living Smart Helper Job Application Form

(Applicants must have completed ERB's home or health care related certificate course(s).)

1) Personal Data :

ID Card No. : _____ () **Nationality:** _____

Name: Mr. / Ms. _____ **Name (中文):** _____ 先生/女士

Email Address: _____ **Date of Birth :** _____ (DD/MM/YY)

Contact No. (Day) : _____ (Night) : _____ (Mobile) : _____

Address : _____

Currently Employed : Yes No, unemployed for _____ Year(s) _____ Month(s)

2) Job Duties and Training Course(s) Completed :

1. Home:	Home or health care certificate course(s) completed	Course no.	Class
<input type="checkbox"/> Cleaning <input type="checkbox"/> Washing and ironing <input type="checkbox"/> Cooking (lunch/dinner) <input type="checkbox"/> Marketing <input type="checkbox"/> Preparing meals <input type="checkbox"/> Plant care <input type="checkbox"/> Pet care <input type="checkbox"/> Relief for the foreign domestic helper <input type="checkbox"/> Others: _____	<input type="checkbox"/> Certificate in Domestic Helper Training		
2. Care: <input type="checkbox"/> Post-natal care <input type="checkbox"/> Child care <input type="checkbox"/> Elderly care <input type="checkbox"/> Escort for out-patient <input type="checkbox"/> Care for discharged patient <input type="checkbox"/> Care for hospital patient <input type="checkbox"/> Others: _____	<input type="checkbox"/> Post-natal Care Worker Retraining Course		
	<input type="checkbox"/> Infant and Child Care Worker Retraining Course		
	<input type="checkbox"/> Certificate in Elderly Home Care Worker Training		
	<input type="checkbox"/> Certificate in Personal Care Worker Training		
	<input type="checkbox"/> Certificate in Escort Service for Out-patient Visit		
	<input type="checkbox"/> Certificate in Care Worker for discharged patients Training		

3) Work Experience :

Total No. of Working Years : _____ Year(s)

Please state in reverse chronological order:

<i>Period (MM/YY to MM/YY)</i>	<i>Name of Company/Employer</i>	<i>Post</i>

4) Education :

Highest Level of Education : _____

5) Expected Job Details :

5.1 **Location** : First Choice _____ Second Choice _____
Third Choice _____ Fourth Choice _____

5.2 **Job Mode** : Permanent Job Temporary Job (Less than 3 Months) Both

5.3 **Job Nature** : Full-time Part-time (Less than 36 hours a week) Both Willing to stay overnight

5.4 **Working Hours** :

Days per week: _____ Hours per day: _____

Working hours :

- | | | |
|---|---|--|
| <input type="checkbox"/> Before 9:00 am | <input type="checkbox"/> 12:00 noon – 2:00 pm | <input type="checkbox"/> 6:00 pm – 8:00 pm |
| <input type="checkbox"/> 9:00a m – 12:00 noon | <input type="checkbox"/> 2:00 pm – 4:00 pm | <input type="checkbox"/> After 8:00 pm |
| | <input type="checkbox"/> 4:00 pm – 6:00 pm | <input type="checkbox"/> Any time |

Expected Working Hours (e.g. Mon. to Fri. 2:00 pm – 6:00 pm, Sat. 8:00 am – 12:00 noon) :

5.5 **Expected Salary** : _____ (Monthly) _____ (Hourly)

6) Language : English Speaking Cantonese Speaking Both English and Cantonese Speaking
 Other dialects: _____

7) Remarks : _____

Applicants' Disclaimer:

- I hereby declare that the personal data and information provided here is complete and true.
- I agree to register with the Smart Living and understand that my registration will remain valid for six months.
- I agree to share the above personal data with the Employees Retraining Board (ERB) and/or its associated Smart Living - Regional Service Centres and/or training bodies for job referrals, and/or to the Labour Department for enforcement of the Employment Ordinance or investigation of suspected violations. The said Smart Living - Regional Service Centres/training bodies/Labour Department may contact me directly.
- I understand that the provision of my personal data in this form is voluntary and the data will be used for the following purposes only:
 - to provide information to employers for job referrals and interviews; and
 - for statistical and survey purposes conducted by the ERB and its associated Smart Living - Regional Service Centres/training bodies.
- I understand that I have right to access and correct my personal data as provided in this form. I also have right to obtain a copy of record of my personal data.

Applicant's Signature: _____

Date: _____