

个人简历

CURRICULUM VITAE

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Note: Please complete this form in English. If you wish to be considered as a bilingual or trilingual candidate, please complete separate forms in each language.

备注：请用英文填写申请表。如具备双语或多门外语，请使用每种语言单独填表。

1. FAMILY NAME		FIRST NAME		2. I.D Card No.	
3. DATE OF BIRTH (day/month/year)		4. NATIONALITY		5. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
6. MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>					
7. CURRENT ADDRESS		8. PERMANENT ADDRESS		9. CONTACT INFORMATION Mobile: () Home: () E-mail:	
10. EMERGENCY CONTACT:					
NAME		PHONE NUMBER		RELATIONSHIP	
11. REQUESTED INTERNSHIP POSITIONS(Up to 2 positions) 1. 2.					
12. KNOWLEDGE OF OTHER LANGUAGES (Good, Useful, A little)					
LANGUAGES	READ	WRITE	SPEAK	LISTEN AND UNDERSTAND	GRADE (IELTS, TOEFL, TEM, CET)

13. EDUCATION AND TRAINING BACKGROUND (Name all educational institutions and apprenticeship attended since age 18.)

DATES ATTENDED		NAME and LOCATION of INSTITUTION of LEARNING	ACADEMIC DEGREES and CERTIFICATES or DIPLOMAS OBTAINED	MAIN FIELD of STUDY	GPA(/5)
From	To				

14. LIST ANY PUBLICATIONS OR PAPERS:

15. LIST SPECIAL QUALIFICATIONS AND SKILLS CONFIRMED BY LICENSES HELD AND MEMBERSHIP IN PROFESSIONAL, CIVIC, PUBLIC OR INTERNATIONAL SOCIETIES OR INSTITUTIONS RELEVANT TO YOUR APPLICATION; INDICATE THE CLASS OF MEMBERSHIP WHEN APPROPRIATE:

16. RECORD OF AWARD/ACHIEVEMENTS:

17. WORKING/INTERNSHIP EXPERIENCE				
From(dd/mm/yyyy) TO(dd/mm/yyyy)	EMPLOYER AND TYPE OF BUSINESS:	TITLE OF POST AND NATURE OF DUTIES:	SUPERVISER	CONTACT NUMBER

Use additional sheet if you have held more posts.

**I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief. I understand that any material misrepresentation or omission made hereon or on any other document requested by CSC or the International Organization renders me liable to termination or dismissal.*

DATE: _____

SIGNATURE: _____