

Recruitment Posting Form for Member Agents

For TIC use only

Ref no. :

Notes

1. Please write in Block Letters.
2. Please ensure that all information given in this submission form is accurate and complete.
3. The TIC is not involved in the selection and appointment relating to the vacancies posted. Members are strongly recommended to verify the qualifications of the applicants themselves.
4. Forms received on or before Friday will be posted next Monday, and those received after Friday will be posted on the Monday after next.
5. Recruitment information will only be displayed for six months. If members do not specify the deadline for application, the information will be deleted one month later.
6. Please complete and return the form to the TIC by fax on 2510-9907. For enquiries, please contact our General Administration Department on 2807-1199.

Part I: Employer information

Company name (English)*	
Company name (Chinese)*	
Licence No.*	
Company description <small>(You should use not more than 30 Chinese characters or 150 English characters to describe your company's scope of business. The TIC may edit the content if necessary.)</small>	
Contact person*	
Department	
Telephone*	
Email	<small>(Please complete this section if you wish to be notified by email when the submission has been published.)</small>
Fax*	

Part II: Vacancy information

(◆Not more than 50 Chinese characters or 200 English characters)

1	Job title	No. of vacancies	
	Duties◆		(integer only)
	Requirements◆		
	Location		

2	Job title		No. of vacancies	(integer only)
	Duties [◆]			
	Requirements [◆]			
	Location			

3	Job title		No. of vacancies	(integer only)
	Duties [◆]			
	Requirements [◆]			
	Location			

***How to apply** (please tick **AT LEAST ONE** option):

<input type="checkbox"/> By phone :
<input type="checkbox"/> By fax :
<input type="checkbox"/> By email :
<input type="checkbox"/> By post :
(address)
<input type="checkbox"/> Contact person :
*Deadline for application: - -
Submission date: - -

Date format (YYYY-MM-DD)

*** Indicates a required field.**

Name of authorised person : _____ Contact
Tel no. : _____

Authorised signature and
Company chop : _____ Date : _____