

Employee Information

Effected date 生效日期：20091217

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		<input type="checkbox"/> 已婚 Married <input type="checkbox"/> 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					
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%

※ 上述資料如有不實情節，填寫人願受行政處分及法律責任。

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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.

附表一 特別危害健康作業經歷調查表

Attached Table—Special Hazardous Working Experience

單位Unit :	部門Department :	姓名Name :	工號ITRI ID :
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- 本人未曾從事特別危害健康作業（勾選本選項者，直接跳至頁尾簽名）。
I have never done work which is hazardous to my health. (if you check this item, skip to the end and sign.)
- 曾經從事特別危害健康作業，請先閱讀填表說明再填寫下列作業調查內容：
If you have ever performed hazardous work, please read the note, then fill out the following table.

作業調查 Operation Survey	危害因素種類 Hazard factors	服務機構 Organization	暴露起始/ 終止日期 Date of Exposure and Stop	強度或濃度 Strength/ concentration	暴露頻率 (次/年) Frequency (time/year)	備註 Note
	1 游離輻射 Ionizing Radiation					
	2 噪音 Noise					
	3.高溫 High Temperature					
	4.粉塵 Powder and Dust					
	5.有機溶劑 Organic Solvent					
	6.特定化學物質 Specific Chemical Material					
	7.其他 Other(s)					

填表說明Notes :

- 1.游離輻射作業：原子能委員會「游離輻射防護法」所稱之作業。
1. Ionizing radiation operation: defined by “Ionizing Radiation Preventing Law” of Atomic Energy Commission.
- 2.噪音作業：勞工噪音暴露每日工作八小時日時量平均音壓級在八十五分貝以上之作業。
2. Noisy operation: exposure to environment with 85 decibel above eight hours per day.
- 3.高溫作業：行政院勞工委員會「高溫作業勞工作息時間標準」所稱之作業。

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3. High-temperature operation: defined by “High-Temperature Operation of Labor Work and Rest Standards” issued by Council of Labor Affairs, Executive Yuan.
4. 粉塵作業：行政院勞工委員會「粉塵危害預防標準」所稱之作業。
4. Powder and dust operation: defined by “Dust hazard prevention standards” of Council of Labor Affairs, Executive Yuan.
5. 有機溶劑作業：行政院勞工委員「勞工健康保護規則」所稱 1.1.2.2-四氯乙烷、四氯化碳、二硫化碳、三氯乙烯、四氯乙烯、二甲基甲醯胺、正己烷等各項作業。
5. Organic solvent operation: defined by “Health Protection Rules for Labor” of Council of Labor Affairs, Executive Yuan, e.g. 1,1,2,2, - Tetrachloroethane, Tetrachloroethylene, Carbon Tetrachloride, Carbon Disulfide, Trichloroethylene, Tetrachloroethylene, N,N-Dimethyl formamide, and n-Hexane, etc.
6. 特定化學物質作業：行政院勞工委員「勞工健康保護規則」所稱 聯苯胺及其鹽類、4-胺基聯苯及其鹽類、4-硝基聯苯及其鹽類、β-萘胺及其鹽類、二氯聯苯胺及其鹽類、α-萘胺及其鹽類、鉍及其化合物、氯乙烯、2,4-二異氰酸甲苯或2,6-二異氰酸甲苯、4,4-二異氰酸二苯甲烷、二異氰酸異佛爾酮、苯、石棉、鉻酸及其鹽類、砷及其化合物、鎘及其化合物、錳及其化合物、黃磷之製造、處置或使用作業、聯吡啶或巴拉刈之製造作業等各項作業。
6. Particular chemical material operation: defined by “Health Protection Rules for Labor” of Council of Labor Affairs, Executive Yuan, e.g. Benzidine and its salts, 4-Aminodiphenyl and its salts, 4-Nitrodiphenyl and its salts, β-Naphthylamine and its salts, Dichlorobenzidine and its salts, α-Naphthylamine and its salts, Beryllium and its compounds, Vinyl chloride, Toluene 2,4-diisocyanate or Toluene 2,6-diisocyanate, 4,4-Methylene bisphenyl diisocyanate, Isophorone diisocyanate, Benzene, Asbestos, Chromic acid and chromates, Arsenic and its compounds, Cadmium and its compounds, Manganese and its compounds, the making, disposing or using of Phosphorus yellow, and the making of bipy or Paraquat, etc.
7. 上述六項未包括之危害因素種類，請填其他欄位，欄位不足時請補充相關資料。
7. Other hazardous factors not mentuined above, please fill in the blank space underneath or supplement relevant document(s).

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填表人簽名 Applicant Sign : _____

填寫日期 Date : _____ Year _____ Month _____ Day

備註：本表由人力部門轉交單位內公安衛人員存查

Note : This form will be sent from Human Resources Office to safety and Health inspector to be saved.