

**Application for**

PROGRAM TITLE: Internationl Cooperative Training Course on Value-added Facility Agriculture

**Instructions**

The candidate in typewritten form should complete this form in **English.** Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. If necessary, additional pages of the same size may be attached.

1. **PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| 1. NAME
 | Dr./Mr./MRS./MissSurname(Last Name)Given Name(First Name)Middle Name |  照片區 |
| 1. HOME ADDERSS
 |  |
| 1. COUNTRY
 |  | E-mail: |
| d. GENDER | □Male □Female | e. MARITAL STATUS | □Single□Married□Other |
| f. DATE OF BIRTH |  | AGE: |
| g. RELIGION |  |
| h. HEALTH CONDITION |  |
| i. CHRONIC DISEASE | □No □Yes |
| j. DIETARY RESTRICTION | □No □Yes |
| k. LANGUAGE PROFICIENCY | LISTEN | READ | WRITE | SPEAK |
| Excellent | Fair | Limited | Excellent | Fair | Limited | Excellent | Fair | Limited | Excellent | Fair | Limited |
| English |  |  |  |  |  |  |  |  |  |  |  |  |
| l. CONTACT PERSON,IN CASE OF EMERGENCY | Name:Relationship:Address:Tel: |

1. **PRESENT EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| 1. JOB POSITION
 |  | Month/Year |
| b. Department or Division |  |
| 1. Name of Organization
 |  |
| d. ADDRESS | Tel: |
| e. TYPE OF ORGANIZATION | □Govt.Ministry/Agency □University/Institution□Locally Owned Enterprise □Joint Venture□Other □Foreign Owned Enterprise |
| f. PRESENT JOB DUTIES(years of employment) |
| g.CONTACT PERSON | 1.Name: Position: E-mail: |
| 2. Name: Position:Tel: |

1. **PURPOSE OF APPLICATION**

|  |
| --- |
| 1. CURRENT ISSUES:
 |
| 1. OBJECTIVE:
 |
| c. Previous training in Taiwan(if any)□Yes(please specify program title) □NoProgram Title:Period: |

1. **EDUCATION AND TRAINING** Note: Highest Diploma Only

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Subject | Qualifications(Certificate/Diploma/Degree) | Year Obtained |
|  |  |  |  |

1. **PREVIOUS EMPLOYMENT/JOB EXPERIENCE** Note: For Each Pervious Job Experience

|  |  |  |  |
| --- | --- | --- | --- |
| POSITION | ORGANIZATION WORKED FOR | PERIOD OF EMPLOYMENT | JOB DUTIES |
|  |  |  |  |

Date: Signature:

Name: