

EMPLOYMENT APPLICATION FORM

- 1. Your personal information provided will only be used for the consideration of employment with Nova Insurance Consultants Limited.
- 2. Unsuccessful applications will be destroyed once the selection process is completed.

Position Applied:						
For O	For Official Use Only					
	Date of Test /	Test Organizer(s) /				
	Interview	Interviewer(s)				
Test						
L						
1st						
2nd						
Ziiu						
3rd						

PERSONAL PARTICULARS							
Name (in block letter)		me in Chinese			Sex : M		
						: F	
Present Address						Telephon	e No.
						(Home)	
						(Mobile)	
HKID/Passport No.	Date of Birth	ו		Place	Place of Birth		Age
Year of Resident in Hong Kong Computer SI		kills					
Languages (Please state proficiency	Insurance licenses :						
	Agent	/Bro	ker	IA	/ MPFA	others:	
		GI L1	Γ	IL	MPF		
Hobbies		ervice				ings Limited, FSE urance Consultants	

Nova Insurance Consultants Limited
Unit 1608, 16/F Chevalier Commercial Centre, 8 Wang Hoi Road, Kowloon Bay, Kowloon, Hong Kong.

Tel (852) 2845 4373 Fax (852) 2845 5146

E-mail nova@nova-insure.com Website http://www.nova-insure.com



ACADEMIC ACHIEVEMENTS					
Period	Name of School/College/University	Course & Class Attended	Cert./Diploma/Degree		

PROFESSIONAL QUALIFICATIONS					
Professional Qualification	Date of Issue	Name of Issuing Organization			

EMPLOYMENT HIS	STORY			
Company			Employment Period	Position Held:
Monthly Basic Salary: At Start	х	months	Other Incomes (e.g. bor	nus, commission, allowance etc.)
Upon Leaving	X	months		
Name & Title of Immediate	Superior		Reason for Leaving	
Company			Employment Period	Position Held:
Monthly Basic Salary: At Start	х	months	Other Incomes (e.g. bor	nus, commission, allowance etc.)
Upon Leaving	Х	months		
Name & Title of Immediate Superior			Reason for Leaving	
Company			Employment Period	Position Held:
Monthly Basic Salary: At Start	х	months	Other Incomes (e.g. bor	nus, commission, allowance etc.)
Upon Leaving	x	months		

Reason for Leaving

Name & Title of Immediate Superior

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EXPECTED SALARY AND COMMENCEMENT DATE

Expected Salary	Commencer	Commencement Date		
acknowledge and confirm that	t the above information is true a	nd correct.		
I agree that Nova Insurance Co present employers.	onsultants Limited may check my	records with my former and		
Signature of Applicant Date of Application				
	- END –			
OFFICIAL USE ONLY				
Comments by Interview	Recommended Action	Signature		
1 st				
		Date:		
2 nd				
		Date:		
3 rd				
		Date:		
Date of Appointment :	Position:			

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Starting Salary:

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Department :

Other Remarks: