

慈濟大學 單位名稱 專兼任教師新聘推薦表

Tzu Chi University

Application for a Full-Time or Part-Time Faculty Position

一、基本資料

1. General information

填表日期：\_\_\_\_/\_\_\_\_/\_\_\_\_

身分證號碼/居留證號 ID or ARC Number						簽名 Signature : _____	
中文姓名 Name in Chinese			英文姓名 Name in English			(Last Name)	(First Name) (Middle Name)
國籍 Nationality			性別 Gender	<input type="checkbox"/> 男 <input type="checkbox"/> 女 <input type="checkbox"/> Male <input type="checkbox"/> Female	出生日期 Date of Birth	____年____月____日  (mm/dd/yyyy)	
聯絡地址 Address	□□□□□						
Phone Number	(公) Office: _____	(宅/手機) Cellphone: _____	Home: _____				
傳真號碼 Fax Number			E-mail				

2. 主要學歷 (請附證件影本)

Education

畢/肄業學校 University/Institution	國別 Country	科系所或主修學門 Major or Concentration	學位 Degree Earned	起迄年月 Period
				自 ____/____/____ 至 ____/____/____ From _____ To _____ (mm/dd/yyyy)
				自 ____/____/____ 至 ____/____/____ From _____ To _____ (mm/dd/yyyy)
				自 ____/____/____ 至 ____/____/____ From _____ To _____ (mm/dd/yyyy)

3. 現職及與經歷 (請附證件影本，並按時間先後順序由最近經歷開始填起)

Employment (Fill in from the current one and provide supporting documents)

服務機關 Institution	服務單位 Unit	職稱 Job title	起迄年月 Service Period
<b>【現職】【Current】</b>			
			自 ____/____/____ 至 ____/____/____ From _____ To _____ (mm/dd/yyyy)

			自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
<b>【經歷】【Previous】</b>			
			自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
			自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
			自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
			自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)

四、教職經歷（請附教師證書及經歷證明影本）

4. Teaching-related services (Submit faculty certificates and other supporting documents)

服務機關 Institution	服務單位 Unit	部定資格 Rank	專、兼任 Full-Time or Part-Time	起迄年月 Service Period
				自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
				自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
				自 ____ / ____ 至 ____ / ____ From _____ To _____ (mm/dd/yyyy)
				最高教職證書字號： Faculty Certificate number:

五、專長（請填寫與學術及研究有關之專長學門）（必填）

5. Teaching/Research interests (Fill in the relevant fields)

1.	2.	3.	4.
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六、擬聘單位：

6. Unit applying for:

七、擬聘職級：

7. Position applying for:

八、擬授課程或科目：（請詳述學系、年級、科目名稱及學分數）

8. Course(s) you plan to teach:

系/所/中心 Department/Institute/Center/ Program	年級 Freshman, Sophomore, Junior, Senior, Master's Program, or Doctoral Program	課程名稱 Course Title	學分數 Credit Hour(s)	選修/必修 Required/ Elective	備註 Remark

九、請簡述教學經歷：(請以 100 字內簡述經驗及未來教學計劃)

9. Teaching experience: Briefly describe your past experiences and future plans (in 100 words):

十、最近五年著作：(請填入代表性著作 5 篇，其他請另頁附件)

10. List publications in the last five years. List the additional ones in a supplementary document, if there are more than five.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

十一、科主任或科內同仁推薦意見：(醫學系適用)

11. Comment(s) of the chair or other members of the department (School of Medicine):

簽名 \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

十二、系、所、中心教評會審查意見（由召集人填寫）

12. Resolution of the Faculty Review Committee of the department/institute/center/program:

召集人簽章\_\_\_\_\_

Committee Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Part-Time Faculty Member Only

慈濟大學兼任教師保險身分聲明書

Tzu Chi University

Declaration by the Part-Time Faculty Member on the Insurance Status

\_\_\_\_學年度第\_\_\_\_學期

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

◎經校教會通過新聘之兼任教師，如有實際授課支領鐘點費者，請填妥本表。

Newly appointed part-time faculty member who receives teaching-related compensation from the University needs to fill in this form.

◎勞保依規定不得追溯加/退保，如有異動請務必於生效日前至人事室辦理。

If faculty members decide to join or suspend from Labor Insurance, they must come to the Personnel Office to apply for it.

◎重要事項說明如下，請詳閱：

Important notes:

一、依行政院勞工委員會 98 年 5 月 1 日勞保 2 字第 0980140222 號令：「年滿 15 歲以上，65 歲以下，受僱從事 2 份以上工作的勞工，...(略)，各雇主均應為其辦理參加勞保...(略)」；爰此，**65 歲以下且無公保/農保/軍保**身份之兼任教師，本校將主動依聘約期間辦理勞保加、退保作業，教師每日所需自付扣繳之金額以日計算。

1. Following the regulations, the University must assist part-time faculty members in joining Labor Insurance, who are under 65 and do not under the coverage of Civil Servant and School Member Insurance, Farmer Insurance, or Military Member Insurance. Faculty members are responsible for paying the insurance premium calculated daily.

二、依行政院衛生署 102 年 6 月 4 日衛署健保字第 1022600064 號函，有關公私立學校教職員之健保投保身分...(略)。兼任教師每週上課時數未達 12 小時者得投保健保，由授課時數最多的學校予以投保。爰此，**本校自學期開學授課日起辦理健保加保作業，並自每學期期末考試結束日辦理退保作業**，學校將以最低投保薪級投保，教師所需自付扣繳之金額以月計算。

2. A part-time faculty member who teaches less than 12 hours of class per week can join the National Health Insurance (NHI). The institution, where the faculty member teaches the highest hours, must assist them in joining or suspending from the NHI.

(1) The University will help faculty members to join the NHI on the first day of classes each semester and suspend from the NHI on the last day of the final exam.

(2) The University will assist faculty members in joining the NHI at the minimum salary level, and the faculty members need to pay the premium calculated monthly.

姓名 Name		聘任單位 Unit	
身分證號 ID Number		出生日期 Date of Birth	年 月 日
本次聘任職稱 Rank	<input type="checkbox"/> 兼任教授 <input type="checkbox"/> 兼任副教授 <input type="checkbox"/> 兼任助理教授 <input type="checkbox"/> 兼任講師 <input type="checkbox"/> 兼任教師 <input type="checkbox"/> Adjunct professor <input type="checkbox"/> 兼任副教授 Adjunct associate professor <input type="checkbox"/> 兼任助理教授 Adjunct assistant professor <input type="checkbox"/> 兼任講師 Adjunct lecturer <input type="checkbox"/> 兼任教師 Adjunct teacher		
是否具有本(全) 職身分	<p>※依教育部填報校務基本資料庫規定辦理。</p> <p>1. <input type="checkbox"/>「未具本職」。</p> <p>2. <input type="checkbox"/>「具本職」，具下列人員身分：  (現行服務單位：_____)</p> <p><input type="checkbox"/>具軍人保險身分者。  <input type="checkbox"/>具公教人員保險身分者。  <input type="checkbox"/>具農民健康保險身分者。  <input type="checkbox"/>具勞工保險身分之下列全部時間工作者：</p>		
	<p>※ Fill in the following information:</p> <p>1. <input type="checkbox"/> I don't work full-time.</p> <p>2. <input type="checkbox"/> I work full-time and under the coverage of an insurance plan:  (Employer: _____)</p> <p>I am under the:</p> <p><input type="checkbox"/> Military Member Insurance  <input type="checkbox"/> Civil Servant and School Member Insurance  <input type="checkbox"/> Farmer Health Insurance.  <input type="checkbox"/> Labor Insurance and</p> <p>a. 以機關學校為投保單位：機關學校專任有給人員。  b. 非以機關學校為投保單位：</p> <p><input type="checkbox"/> (1) 公、民營事業、機構之全部時間受僱者。  <input type="checkbox"/> (2) 雇主或自營業主。  <input type="checkbox"/> (3) 專門職業及技術人員自行執業者。  <input type="checkbox"/> (4) 未具上開身分但符合勞工保險最高投保級距者。</p> <p>a. The government agency, institution, or school is the insured unit  b. The government agency, institution, or school is not the insured unit:</p> <p><input type="checkbox"/> (1) I work full-time for institutions, public or private.  <input type="checkbox"/> (2) I manage s business as a self-employed. °  <input type="checkbox"/> (3) I work as a self-employed professional or specialist  <input type="checkbox"/> (4) I do not meet any of the above but meet the criteria to join the Labor Insurance</p> <p>3. <input type="checkbox"/> I have retired and received a pension.</p>		
勞保 Labor Insurance	不符合 勞保資格者 Do not Meet the Criteria in Joining Labor Insurance	符合 勞保資格者 Meet the Criteria in Joining Labor Insurance	
	<input type="checkbox"/> 現職軍公教人員。	<input type="checkbox"/> 未滿 65 歲，未曾參加任何保險或現職為勞保身	

	<input type="checkbox"/> 年滿 65 歲且未曾參加勞工保險。 <input type="checkbox"/> Serving the military, government agency, or educational institution full-time. <input type="checkbox"/> Over 65 years old and have never joined Labor Insurance.	分。(參加勞工保險) <input type="checkbox"/> 未滿 65 歲，已領取勞工保險老年給付。(參加職業災害保險) <input type="checkbox"/> 未滿 65 歲，已領取其他社會保險養老給付。(參加勞工保險) <input type="checkbox"/> 年滿 65 歲，已領取勞工保險老年給付或其他社會保險養老給付。(參加職業災害保險) <input type="checkbox"/> I am under age 65 and have not joined Labor Insurance or other insurance. (You may join Labor Insurance.) <input type="checkbox"/> I am under the age 65 and have received labor insurance benefits related to old age. (You may join Occupational Accident Insurance.) <input type="checkbox"/> I am under age 65 and have received other social insurance pension benefits related to the old age. (You may join Labor Insurance.) <input type="checkbox"/> I have reached the age of 65 and have received labor insurance-related benefits or other social insurance pension benefits. (You may join Occupational Accident Insurance.)
<b>健保</b> National Health Insurance (NHI)	<input type="checkbox"/> 已在其他單位加保，不加入健保。 <input type="checkbox"/> 未在其他單位加保，擬加入健保。 <input type="checkbox"/> I have joined NHI, so the University does not need to assist me join NHI. <input type="checkbox"/> I have not joined any NHI and would like to ask the University to help me join NHI.	

※本人已詳閱相關事項，所填資料均屬實，如有不實，願自負相關之責。

立書人：\_\_\_\_\_ 年 月 日

I have read the matters thoroughly and filled in the information completely and accurately. If there is anything incomplete or inaccurate, I will take full responsibility.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 慈濟學校財團法人慈濟大學

## 新聘推薦人員個資告知聲明

Tzu Chi University

Notification Regarding Personal Information Related to the  
Application for Full-Time or Part-Time Faculty Position

本校為蒐集新進人員個人基本資料，依個人資料保護法第 8 條規定向您告知下列事項：

To collect the personal information, the University must notify you of the following matters following Article 8 of the Personal Data Protection Act:

1. 蒐集之機關名稱：慈濟學校財團法人慈濟大學

Collecting entity: Tzu Chi University

2. 蒐集之目的：人事管理(法定特定目的項目 002)，包括但不限於任用審核、薪資管理、績效考核、退休、訓練及發展計畫、安全衛生、門禁管制、申訴、醫療、保險、福利措施、建立人力資源管理系統、內部統計調查與分析、圖書館及圖書流通管理作業等之相關事項。

Collection purpose:

Human resources management (statutory specific purpose item 002), including but not limited to appointment approval, salary management, performance review, retirement, training and development plan, safety and health, access control, appeal, healthcare, insurance, benefit, the establishment of the human resource management system, statistical survey and analysis of internal matters, library and book circulation operations, etc.

3. 蒐集個人資之類別：詳如「慈濟大學專兼任教師新聘推薦表」，識別類(C001、C002、C003)、特徵類(C011、C012、C013、C014)、家庭情形(C021、C022、C023)、社會情況(C031、C035、C039、C041)、教育、考選、技術或其他專業(C051、C052)、受僱情形(C061、C062、C063、C064、C066、C068、C069)。



另尚須請您提供下列個人資料：

為辦理外國人工作許可證，須請您提供工作證影本、外籍人士本國籍配偶身分證影本、護照本、居留證影本、上年度扣繳憑單、完稅證明。

Types of personal information collected:

Please refer to the “Application for Full-time or Part-time Faculty Position. The data types are listed below:

Identification (C001, C002, C003), characteristics (C011, C012, C013, C014), family situation (C021, C022, C023), social conditions (C031, C035, C039, C041), education, examination, technical or other professions (C051, C052), and employment conditions (C061, C062, C063, C064, C066, C068, C069)

Moreover, a foreign national must apply for a work permit, and the University will assist the faculty member who is a foreign national in doing it. The faculty member needs to provide copies of the following personal information:

- (1) The acceptance letter issued by the University.
- (2) The ID card of the spouse who is a citizen of R.O.C. (Taiwan)
- (3) The passport
- (4) The A.R.C.
- (5) Last year’s tax withholding information
- (6) Last year’s tax return

4.個人資料利用之期間及地區：台灣地區(包括澎湖、金門及馬祖等地區)，除法令另有規定外，本校將於雙方契約關係存續期間利用上述資料。

Period and area of personal data utilization:

The University will utilize the data in Taiwan, including Penghu, Kinmen, and Matsu. Unless otherwise stipulated by laws or regulations, the University will use the above data during your employment period.

5.個人資料利用之對象及方式：

- (1)本校為達前述蒐集之目的，將於必要時利用您的個人資料以聯繫、通知等。

(2)於必要時將您的個人資料適度提供予第三人如教育部或其他業務配合機關、私校退撫會、醫療機構、保險機構、金融機構、福利機關(如本校關懷互助會)及其他為達蒐集之目的所需提供之機關。

Objects and methods of using personal data:

(1) To achieve the collection purposes, the University will use your personal information to contact and notify you when necessary.

(2) The University will provide your personal information to third parties when needed, such as the Ministry of Education, pension institutions, healthcare institutions, insurance institutions, financial institutions, institutions that the University works with, and University's Employee Mutual Support Group.

6. 您得依個人資料法保護法第 3 條規定向本校人事室就您的個人資料行使請求查詢、閱覽、複製、補充、更正及請求停止蒐集、處理、利用及請求刪除等權利。

Under Article 3 of the Personal Data Protection Act, you may request the Personnel Office to inquire, read, copy, add, or correct your information, or to stop collecting, processing, using, or deleting your data.

7.本校於蒐集您的個人資料時，如有欄位未填寫，則可能導致您的人事資料不完整，或無法接收到於本校任職期間之相關服務與協助等。

You should provide information completely and accurately when filling in your personnel information. The University can offer you the desired services if we have accurate and complete information.

本人已詳細閱讀上列告知事項且完全明瞭其內容

簽名：\_\_\_\_\_

日期：中華民國 年 月 日

I have read the above notification in detail and fully understand its content.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_