**입 사 지 원 서**

**지원분야 (Position applied for) :**

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| --- | --- | --- | --- | --- | --- | --- |
| **성명** | **:** |  | **영문** | **:** |  | **사진** |
| **생년월일** | **:** |  | **국적** | **:** |  |
| **주소** | **:** | (시, 구 동 까지만 기재) |
| **연락처** | **:** |  | **이메일** | **:** |  |
| **보훈대상여부** | Yes[ ]  / No[ ]  | **장애대상여부** | Yes[ ]  / No[ ]  | **병역사항** | Yes[ ]  / No[ ]  |
| *\* 보훈 및 장애는 관련법에 의거하여 채용 시 우대* |

* **경력 및 경험**

|  |  |  |  |
| --- | --- | --- | --- |
| **근무기간** | **근무처** | **직위** | **담당직무** |
|  |  |  |  |
|  |  |  |  |

* **외국어 및 자격증**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **언어** | **Level** |  | **자격증** | **취득일자** |
|  | (Native / Highly advanced / |  |  |  |
|  | Advanced / Intermediate / Beginner) |  |  |  |

* **학력**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **기간** | **학교** | **전공** | **학점** | **졸업여부** |
| (yyyy / mm) | (고등학교) |  |  |  |
| (yyyy / mm) | (대학교) |  |  |  |
| (yyyy / mm) | (대학교 – 석사/박사) |  |  |  |

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| * **기타** *(교육 및 학습, 단체활동, 창의적 성과 등)*
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**자 기 소 개 서**

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| --- |
| 1. **지멘스헬시니어스㈜에 대한 지식 및 정보**
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|  |
| 1. **지멘스헬시니어스㈜에서 이루고 싶은 포부 및 목표**
 |
|  |
| 1. **새로운 것을 시도하거나, 기존의 것을 바꾸려고 본인이 노력한 점**
 |
|  |
| 1. **기타 본인에 대해 소개하고 싶은 점**
 |
|  |

**경 력 기 술 서**

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| --- | --- | --- | --- | --- | --- |
| **1.** | ( 근무기간 | / | 근무처 | / | 직위 ) |

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| --- |
| * **주요업무**
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| --- | --- | --- | --- | --- | --- |
| **2.** | ( 근무기간 | / | 근무처 | / | 직위 ) |

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| * **주요업무**
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| --- | --- | --- | --- | --- | --- |
| **3.** | ( 근무기간 | / | 근무처 | / | 직위 ) |

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| * **주요업무**
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|  |

본 원서에 기입된 사항은 사실과 다름이 없음을 서약 합니다.

 년 월 일 지 원 자 인

**Application**

**지원분야 (Position applied for) :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name(Kor)** | **:** |  | **Name(Eng)** | **:** |  | **사진** |
| **Date of Birth** | **:** |  | **Nationality** | **:** |  |
| **Address** | **:** | (시, 구 동 까지만 기재) |
| **Telephone** | **:** |  | **E-mail** | **:** |  |
| **Veteran** | Yes[ ]  / No[ ]  | **Handicapped** | Yes[ ]  / No[ ]  | **Military Service completed** | Yes[ ]  / No[ ]  |
| *\* According to the Korea law, veterans and disable person will be treated for hiring* |

* **Brief Employment History / Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Company Name** | **Title** | **Responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Foreign Language and Certificate(License)**

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| --- | --- | --- | --- | --- |
| **Language** | **Level** |  | **Certificate** | **Date of Acquisition** |
|  | (Native / Highly advanced / |  |  |  |
|  | Advanced / Intermediate / Beginner) |  |  |  |

* **Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | **School** | **Major** | **Score/Grade** | **Graduated or not** |
| (yyyy / mm) | (High school) |  |  |  |
| (yyyy / mm) | (Bachelor’s degree) |  |  |  |
| (yyyy / mm) | (Master’s degree) |  |  |  |

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| --- |
| * **Other** *(Training / Study, Group activities, Creative results and so on)*
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|  |

**Self - Introduction**

|  |
| --- |
| 1. **Knowledge and information about Siemens Healthineers**
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|  |
| 1. **Aspiration and goal to achieve in Siemens Healthineers**
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|  |
| 1. **Please describe what you have tried new things or changed existing ones.**
 |
|  |
| 1. **Anything not previously listed, or anything that you would like to elaborate on**
 |
|  |

**Career Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | ( Period | / | Company name | / | Position ) |

|  |
| --- |
| * **Responsibilities in detail**
 |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.** | ( Period | / | Company name | / | Position ) |

|  |
| --- |
| * **Responsibilities in detail**
 |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3.** | ( Period | / | Company name | / | Position ) |

|  |
| --- |
| * **Responsibilities in detail**
 |
|  |

I certify that the information provided in this application is true and complete to the best of my knowledge, and I understand that any inaccuracy and/or falsification may affect my hiring including its cancellation after joining the company.

 Application Date : Applicant Signature