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| **European Education Promotion Association Taiwan** |

**CURRICULUM VITAE**

SURNAME:

FORENAMES:

DATE OF BIRTH:\_\_\_\_/\_\_\_\_\_/\_\_\_\_ PLACE OF BIRTH:

Day Month Year country/region/town

NATIONALITY AT BIRTH / PRESENT NATIONALITY (If dual indicate both)

ADDRESS:

Phone – Fax  :  E-mail :

Gender: (place « X » in the appropriate square) square): MALE FEMALE

**EDUCATION: (please give full details in the appropriate spaces below)**

(A) Higher education (University or equivalent education and postgraduate education, if applicable) :

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| --- | --- | --- | --- | --- |
| Name of establishment | Years of study  from to | | Diplomas or degrees obtained  and type of degree | Main subjects studied |
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(B) Education since the age of 12 (e.g. secondary education, other education, technical training as apprentice, or equivalent training, to be specified under « category »):

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| --- | --- | --- | --- | --- |
| Name | Category | Years of study  from to | | Diplomas or degree obtained |
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(C) Other formations related to the function (seminars, etc…) :

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| --- | --- | --- |
| Establishment | Title - Content | When (year) |
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SURNAME :  FORENAME :

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**PROFESSIONAL EXPERIENCE:**

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| Dates : month and year | Type of position : | Employer : | Reasons for leaving : |
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| Last salary : | | | |

**KNOWLEDGE OF LANGUAGES:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| READING | | | WRITING | | | SPEAKING | | |
|  | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
| Is **English** |  |  |  |  |  |  |  |  |  |
| M Mandarin Chinese |  |  |  |  |  |  |  |  |  |
| T **Taiwanese** |  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |

**IT KNOWLEDGE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Excellent | Good | Fair |
| WORD |  |  |  |
| EXCEL |  |  |  |
| WINDOWS |  |  |  |
| Other |  |  |  |

**OTHER USEFUL KNOWLEDGE FOR THE PROPOSED FUNCTION:**

|  |
| --- |
| The key points of my past and current experience, as they relate to this position, are listed below: |

|  |  |
| --- | --- |
| Signature of the agent / candidate  Place  Date | Signature of the committee, after control of the data  Place Date |