Employers Hiring Unemployed Workers Award Application Form（Used for Applying the Employment Insurance Act）

Fill-up Date：＿＿＿(Year)＿＿＿(Month)＿＿＿(Day)

Name of Applied Institution			Address	
No of Registration Certificate for For-Profit Business Entity				
No. of Insurance Certificate				

Name of Institution Chief		Name of Business Clerk		Telephone		Fax	
						E-mail	

Number of Total Employees	persons	Circumstances of Proportional Employment Enforced by Law	No. of disabled should be employed	persons	☐ Have hired sufficient number ☐ Have not hired sufficient number ☐ Have paid fully differential subsidy according to law ☐ Others
			No. of aborigines should be employed	persons	☐ Have hired sufficient number Have not hired sufficient number ☐ Have paid fully equivalent money according to law ☐ Others

Transfer Account	Bank ＿＿＿ Branch Code ＿＿＿ Post-office ＿＿＿ Post office code ＿＿＿ Account No. ＿＿＿
	Branch

Attached Documents	☐1、Application Form ☐2、Name List of Employed ☐3、Receipt ☐4、Payroll with Workers' Signatures/Seals
	☐5、A copy of Registration Certificate for For-Profit Business Entity or registration certificate issued by Competent Authority

| Number of Employed apply for Awards | ☐1、Hire involuntarily unemployed workers who had been unemployed over one year ＿＿＿ persons ☐2、Hire female household bread-earners ＿＿＿ persons ☐3、Hire middle and old aged ＿＿＿ persons ☐4、Hire disabled ＿＿＿ persons ☐5、Hire aborigines ＿＿＿ persons ☐6、Hire family under living allowances ＿＿＿ persons | Total：＿＿＿ persons |

Amount Applied	NT dollars exact
Affidavit Signature/ Seal	My company does not have the fact of discharging workers illegally in the past two years, should there be anything untrue in applying for the Hiring Awards Allowance or in filling out the information, in addition to return the allowance amount received, I will take full responsibility of related legal matters.　Here declared as evidence. Unit Chief's Signature/Seal :
Examination	Opinions of Examination：□Match application conditions 　　　　　　　　　　□Does not match application conditions Examination Institution： Business Clerk：　　　　　　　Business Chief： Institution Chief：
Remarks	(Please do not write in the columns of Amount Applied and Examination)

（Use Official Institution Seal or Stamp）