

Subsidizing and Awarding Employers for Hiring Unemployed Workers Application Form (Serial Order of Application: __)

Application Date : ____ (Year) ____ (Month) ____ (Day)

Name of Application Unit				Name of the Employer who bear the responsibility	
Number of the Registration Certificate for For-Profit Business Entity				Serial Number of the Labor Insurance Certificate	
Address				Name of Business Clerk who handles this application	
Contact Telephone		Telefax		E - mail	
Original Referral Unit(s) or Delegated Unit(s)	1. _____		2. _____		3. _____
Total Employees	Persons	Proportional Employment Required by Acts	Disabled Shall be Hired	Persons	<input type="checkbox"/> Have Hired Fully <input type="checkbox"/> Have Not Hired Fully <input type="checkbox"/> Have Paid Differential Subsidies Fully <input type="checkbox"/> Others
			Aboriginal Shall be Hires		Persons
Account to Wire Money	Bank	Branch	Code	Serial Number of Post-Office Branch	Account Number
Documents Attached	<input type="checkbox"/> 1. Receipt <input type="checkbox"/> 2. Application Form <input type="checkbox"/> 3. Name List of Employment <input type="checkbox"/> 4. Payroll with Workers' Signatures <input type="checkbox"/> 5. Copy of Employed Workers' Identification Card <input type="checkbox"/> 6. Insurance Data Form of Labor Insurance Insured <input type="checkbox"/> 7. Copy of the Registration Certificate for For-Profit Business Entity or the Registration Certificate Issued by the Competent Authority <input type="checkbox"/> 8. Referral Card of Hiring Subsidy				

Circumstances of Application and Receiving the Subsidy	1. Fiscal year of 2003 had applied for the Subsidy totally ____ persons, those still in employment now are totally ____ persons 2. Fiscal year of 2004 had applied for the Subsidy totally ____ persons, those still in employment now are totally ____ persons 3. Fiscal year of 2005 had applied for the Subsidy totally ____ persons, those still in employment now are totally ____ persons	
Number of Persons Applying for the Subsidy	<input type="checkbox"/> 1. General Unemployed ____ persons <input type="checkbox"/> 2. Specific groups specified in the Article 24 of the Employment Service Act, totally ____ 人 persons; <input type="checkbox"/> ① Female Household Bread-Earners ____ persons <input type="checkbox"/> ② Senior Aged ____ persons <input type="checkbox"/> ③ Disabled ____ persons <input type="checkbox"/> ④ Aboriginal ____ persons <input type="checkbox"/> ⑤ Family with Living Allowances ____ persons <input type="checkbox"/> ⑥ Ex-Inmates ____ persons <input type="checkbox"/> ⑦ Others (Please specified) _____ persons	Total : persons
Amount Applied for the Subsidy	NT Dollars Exactly	
Affidavit Signature	My company has no circumstances of discharging workers illegally within the past two years. Shall there be any dishonest circumstance in applying for the Subsidy or materials information provided, we will not only return the money received, but also take full legal responsibility. Here declared in this affidavit as proof. Signature of the Employer who bear the responsibility (Please use official seals or seals)	

Examination (Do NOT mark in this area)	Opinions of Examination	<input type="checkbox"/> Match application conditions ____ persons <input type="checkbox"/> Do not match application conditions ____ persons, Reasons : _____ Approved after examination to award the Subsidy Totally NT _____ dollars Up to this time of application number of workers, the same area of the Public Employment Service Agency in the same fiscal year has awarded totally ____ persons
	Institution Chief : (Year)	Business Chief : (Month)
Remarks		