

APPLICATION FORM

AFFIX PHOTO 1

POSITION TO APPLY

Where do you know the recruitment news?

Weight

Kgs.

Height

Cms.

PERSONAL INFORMATION

Name-Surname

(English)

Nick Name

Male

(Thai)

Female

CONTACT ADDRESS

Email Address :

CONTACT PLACE

Mobile phone _____

Emergency phone no. _____

Nationality :

Race:

Religion :

Date of Birth :

Place of Birth:

Identification No.

- - - -

Social Security Number (if any)

- - - -

FAMILY DETAILS

Marital status

Single

Married

Divorced

Others (Indicate)

Spouse's Name (If required)

Spouse's Occupation

Number of Children

Name Ages and Sex of Children

Father's Name

Occupation

Nationality

Mother's Name

Occupation

Nationality

Number of Brothers (if any)

Number of sisters (if any)

How soon can you begin?

Expected salary

EDUCATIONAL DATA

Educational Level	Name of Institution/ Location	Duration		Degree/ Cert.	Major subject	G.P.A
		From	To			
High school						
Vocational Certificate						
High Vocational Diploma						
Bachelor's Degree						
Master's Degree						
Other						
Typing : Thai		W.P.M.	Computer Abilities			
English		W.P.M.	Special Skills			

PROFICIENCY IN LANGUAGES (Excellent/Good/Fair/Slight) AND SPECIAL SKILLS

Languages	Listening	Speaking	Reading	Writing

WORKING EXPERIENCES

Company's Name	Position	Job description in brief	Salary	Employment period		Reason for leaving
				From	To	

MISCELLANEOUS

Have you any physical handicap, chronic disease, or other disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Have you ever been discharged from employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Have you ever been charged or convicted of any criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
If any of the above is YES give complete details below		
Have you any licence (e.g. driving, teaching, registered engineer etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
If YES, what type : No.		

	Sports/Other Activities	Membership of Clup Society, Association etc.	Position of responsibility held
At School			
At College & University			
Present			
Have you completed military services? <input type="checkbox"/> No <input type="checkbox"/> Completed <input type="checkbox"/> Exempted, Indicate reason			
Reference Name	Relationship	Company / Title	Contact Number
Name and telephone number of the person to be notified in event of emergency of serious accident.			
The employment is subject to passing physical examination to be conducted by the Company-appointed physician			
I hereby represent that each answer to question hereing and all other informations, otherwise given is true and correct, understand that any incorrect or false statements will be sufficient cause for dismissal at any time. If employment action is, I agree to submit any permission to being physical checked finger printed and other necessary references checked prior or during to the employment, knowing that unqualified records will be sufficient cause for release. I agree to comply with all of the existing and forthcoming orders, rules and regulations of the company.			
Applicant's Signature :			Date :