

Job's Application Form

Interesting Position_____

Date_____/_____/20_____

Personal Data

Name-Surname_____Nickname_____

ID card Number_____

Date of issue_____Date of Expired_____

Present Address_____Moo_____Soi_____Street_____Tumbon_____

Amphur_____Province_____Areacode_____Tel._____

Previous Address_____

_____Areacode_____Tel._____

Date of Birth____/____/____Age_____Place of Birth_____

(dd/mm/yy)

Province of Birth_____Nationality_____Race_____Religion_____

Marital Status Single Married Divorced Separated Widowed

Name of Husband or Wife_____Age_____Occupation_____

Number of Childen 1) Boy_____2) Girl_____Total_____

Name of father_____Age_____Occupation_____

Address_____

Name of mother_____Age_____Occupation_____

Address_____

Person to be notified in case of emergency_____Relationship_____

Address_____Telephone number_____

Education

| Level | Name of Institution | Year | Certificate and Degree |
|---------------------|---------------------|------|------------------------|
| Primary | | | |
| High Shool | | | |
| Vocational School | | | |
| Sub-Degree | | | |
| University (Degree) | | | |

At Present : Studying NO Yes : Major_____

Special Skill or other competency_____

Language Proficiency

| Language | Reading | | | Writing | | | Speaking | | |
|----------|---------|------|------|---------|------|------|----------|------|------|
| | Good | Fair | Poor | Good | Fair | Poor | Good | Fair | Poor |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

Job's Experiences

| Name of company | Year | Position | Salary | Reason to resign |
|-----------------|------|----------|--------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Health History

Height_____cm. Weight_____kg.

Past Medical history_____

Reference Person

| Name | Position | Address | Telephone number |
|------|----------|---------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Can start working at this hospital from_____Required salary_____

I hereby certified the information given to the company. If I had given the incorrect or misleading information to the company. I agree upon the termination of the employment contract.

Signature_____

(_____)