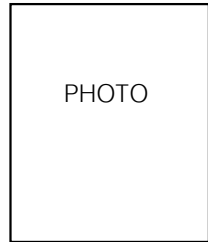




# VATANA PHAISAL ENGINEERING CO., LTD.

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## EMPLOYMENT APPLICATION



### PLEASE WRITE IN BLOCK LETTERS:

Please fill in all blanks and provide information that may be useful for consideration of your application.

Where did you learn of this employment opening? \_\_\_\_\_

Position apply for : \_\_\_\_\_ Required Salary : \_\_\_\_\_

First Name (Mr./Mrs./Ms) : \_\_\_\_\_ Surname : \_\_\_\_\_

Gender : \_\_\_\_\_ Birth Date (D/M/Y) : \_\_\_\_\_ Age (years old) : \_\_\_\_\_

Birth Place : \_\_\_\_\_ Height (cm) : \_\_\_\_\_ Weight (kg) : \_\_\_\_\_

Citizenship : \_\_\_\_\_ Race : \_\_\_\_\_ Religion : \_\_\_\_\_

ID Card/Passport No. : \_\_\_\_\_ Issue Place : \_\_\_\_\_

Issue Date (D/M/Y) : \_\_\_\_\_ Expiry Date (D/M/Y) : \_\_\_\_\_

Present Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Cell Phone No. : \_\_\_\_\_ e-mail : \_\_\_\_\_

Present resident belongs to : \_\_\_\_\_  Own  Parents

Relative  Rental

***(Please draw map; the location of your present resident on the last page of this application form)***

Home Country Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Cell Phone No. : \_\_\_\_\_ e-mail : \_\_\_\_\_

Father's Name : \_\_\_\_\_ Occupation : \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Occupation : \_\_\_\_\_

Parents' Home Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Cell Phone No. : \_\_\_\_\_ e-mail : \_\_\_\_\_

**Marital Status :**             Single     Married     Married without License     Divorce

Spouse Name : \_\_\_\_\_ Occupation : \_\_\_\_\_ Work Place : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Marriage license issued at : \_\_\_\_\_ Date : \_\_\_\_\_

Registration No. : \_\_\_\_\_ No. of Children : \_\_\_\_\_

Children Name : \_\_\_\_\_ School Attend : \_\_\_\_\_

Children Name : \_\_\_\_\_ School Attend : \_\_\_\_\_

Children Name : \_\_\_\_\_ School Attend : \_\_\_\_\_

**Academic Records :**

Level	Name of School/Institution	Subject/Major	Grade	Graduation
High School				
Lower Technical School				
Upper Technical School				
Bachelor Degree				
Master Degree				

Training course during studied : \_\_\_\_\_

**Special Skills :**            Please indicate "Fluent", "Fair" or "Little"

Foreign Language	Read	Write	Spoken

Computer Skills : Please indicate name of computer programs \_\_\_\_\_

Other Skills : \_\_\_\_\_

**Working History :** Have you ever been employed ?             Yes , Income Tax ID No. : \_\_\_\_\_

No

Do you currently carry valid social security insurance ID card?

Yes / Name of hospital : \_\_\_\_\_  No / Name of your preferred hospital : \_\_\_\_\_

For engineer : Do you have engineering professional ID Card?     Yes     No

If yes, what classification : \_\_\_\_\_ ID No. : \_\_\_\_\_

Name of Previous Employers	Duration		Position	Salary
	From	Until		

Please provide details of your professional training program during your previous employment :

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Please give name of your last superior : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Please describe your job function at your last position : \_\_\_\_\_

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Please give reason to job change : \_\_\_\_\_

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Besides this application, please give name of other companies you have applied for work :

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Do you have friend or relative who is working in the company?  Yes  No

If yes, please give name : \_\_\_\_\_

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Please give name, address and telephone no. whom can be contacted in case of emergency :

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Can you travel to other province?  Yes  No

If no, please give reason : \_\_\_\_\_

Please give your medical history of illness and treatment, if any : \_\_\_\_\_

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Have you ever been accused or served the sentence on criminal charges?  Yes  No

If yes, please give details : \_\_\_\_\_

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Have you served or exempted from military service?  Yes  No  Exempted

Have you attended any extracurriculum or activities during your study?  Yes  No

If yes, please describe : \_\_\_\_\_

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Are you currently member of professional societies or labour union?  Yes  No

If yes, please give details : \_\_\_\_\_

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What are your hobbies and interest in your free time? \_\_\_\_\_

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If your application has been accepted, please give the earliest date you can start work : \_\_\_\_\_

I agree and accept the company's mandatory retirement age at 60 years old, and give up my rights to claim for advance notification to end the employment at retirement age.

I will be responsible for my own daily travelling expenses to and from work place.

I declare that the information given in this application is true and correct. The false statement will lead to termination of employment without compensation. I give permission to the company to contact the parties stated herein to verify and obtain information on me.

Signed : \_\_\_\_\_ Applicant

( \_\_\_\_\_ )

Date \_\_\_\_\_

**Resident Map**