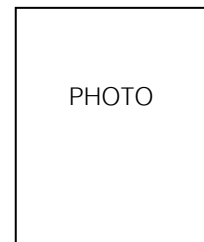




VATANA PHAISAL ENGINEERING CO., LTD.

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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 :

Please give name of your last superior : _____ Tel. No. : _____

Please describe your job function at your last position : _____

Please give reason to job change : _____

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

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

If yes, please give name : _____

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

Can you travel to other province? Yes No

If no, please give reason : _____

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

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

If yes, please give details : _____

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 : _____

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

If yes, please give details : _____

What are your hobbies and interest in your free time? _____

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