



Office of Personnel Management
Christian University of Thailand

Form
(FORM:FM)
Application Form

Document Code: FM-PSM-004

Issued on: 1 June 2016

Revised: 03

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Application Form
(Applicant needs to completely fill in the form)

Position applied

Interview Date on

Time

2 Photos
(2 inch.)
(Do not wear a
hat and black
tinted glasses)

Personal Profile

Applicant's Name-Surname Mr./ Mrs./ Miss

Date of Birth MonthYear..... Age Years old Place of Birth

Race Nationality Religion Denomination

Height centimeters Weight kilogrammes

Passport no. Issued at

Identification Card no. Issued at

Current Accommodation () Own house () Rental house () Parents' house
() Other

Current Address Alley..... Road

Sub-district District..... Province

Zip code Country Telephone no. Mobile phone no.

Permanent Address

Father's Name-Surname Age Years old Race..... Nationality

Religion Denomination () Alive () Deceased

Occupation Workplace

Permanent Address

Mother's Name-Surname Age Years old Race..... Nationality

Religion Denomination () Alive () Deceased

Occupation Workplace

Permanent Address

.....

Total siblings person(s) You are the person of total siblings.

No.	Name-Surname	Institution/ Workplace

Marital Status () Single () Widowed () Divorced () Separated

() Registered marriage () Unregistered marriage

Spouse's Name-Surname

Occupation Position Workplace

..... Telephone no.

Total children person(s)

1. Name-Surname Date of Birth Month Year Age years old

2. Name-Surname Date of Birth Month Year Age years old

3. Name-Surname Date of Birth Month Year Age years old

Working Experience (Past-Present)

Period (Year)		Workplace from past to present/ Telephone no.	Position	Department/Division	Salary	Reason for leaving
From	To					

Other Details

1. Please specify the person who can issue employment certificate or certify the applicant’s behavior.

1.1 Name-Surname Age Years old Occupation
 Position Workplace Telephone no.

1.2 Name-Surname Age Years old Occupation
 Position Workplace Telephone no.

2. Person to contact in case of emergency

Name-Surname Relationship
 Workplace Telephone no.

3. I acknowledged this job opportunities from () Internet () Newspaper () Other

4. Have you been acquainted with any Christian University of Thailand’s staff before applying?

(If yes, please specify name-surname and position)

5. Expected Salary baht/month

6. If you are qualified, when you can start working?

7. For instructors of Bachelor of Nursing Science/ Bachelor of Science Program in Physical Therapy only

() Nursing and Midwifery Professional License () Medical Practice License

Nursing and Midwifery no.

Physical Therapy no.

Application Details (For instructor only)

1. Please state subjects taught/ institution(s):

- 1.1
- 1.2
- 1.3

2. The latest academic rank/ institution/ year of appointment:

- 2.1
- 2.2
- 2.3

3. The latest administrative position/ institution/ period of holding:

- 3.1
- 3.2
- 3.3

4. Research with title and period (enclose documents in case of more information):

- 4.1
- 4.2
- 4.3

5. Written textbooks and academic articles (title, period, enclose documents in case of more information):

- 5.1
- 5.2
- 5.3

6. Teaching preferences and abilities (Please prioritize)

- 6.1
- 6.2
- 6.3

7. Desirable colleges and programs (Please prioritize)

- 7.1
- 7.2
- 7.3

8. Active membership of professional association (specify member no.)

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Certification

1. I certify that the above mentioned statement is all correct and I authorize Christian University of Thailand to investigate my background and additional information which is stated in this application. If the statement is incorrect, I authorize Christian University of Thailand to terminate the impending employment, revoke the agreement or proceed the appropriate steps.

2. I authorize Christian University of Thailand to reserve the right to appropriately consider job assignment and transfer.

Signed Applicant

(.....)

Date Month Year

For Verification of Applicant's Documents by Office of Personnel Management

- Copy of passport Copy of identification card Copy of work permit
 Academic Record
 Bachelor's Degree Transcript degree certificate(s)
 Master's Degree Transcript degree certificate(s)
 Doctoral Degree Transcript degree certificate(s)
 Other
 Copy of academic title appointment order
 Assistant Professor Associate Professor Professor copy(ies)
 List Detail of Academic title appointment copy(ies)
 Copy of Professional License (For instructors of Bachelor of Nursing Science/ Bachelor of Science Program in Physical Therapy only)
 Copy of membership of Professional Associations
 Copy of Working Certificate Copy of TOEIC test result (If you pass the interview)
 2 photos (1 inch or 2 inch)
 Other

Signed Officer

Date Month Year