

Form (FORM:FM) Application Form

Document Code: FM-PSM-004 Issued on: 1 November 2022

Revised: 05

Page: 1

2 Photos

Application Form

(Applicant needs to completely fill in the form)

(2 inch.) (Do not wear a

Position applied	Int	erview Date	e on		hat and black
					tinted glasses)
Personal Profile					
Applicant's Name-Surname	e Mr./ Mrs./ Miss				
Date of Birth Mont	hYear	Age	Years old	d	
Place of Birth	Ra	ace	Natio	nality	
Religion	Denomination				
Height cent	imeters Weight		kilogrammes		
Passport no		•••••	Issued at		
Identification Card no			Issued at		
Current Accommodation () Own house () F	Rental hous	e () Parents' h	nouse	
() Other				•••••	
Current Address		Alley	Ro	oad	
Sub-district	District		Province		
Zip code	Country	1	Mobile phone no.		
Permanent Address					
Father's Name-Surname			Age	Years old	
Race Natio	nality	Religior	١	Denomina	ation
() Alive () Deceased	d Occupation		Workplace .	•••••	
Permanent Address					

Mother's	Name-Surn	ame	Age	Years old	
Race		Nationality	Religion	Denominatio	on
() Alive	() Dec	ceased Occupation	Workplac	e	
^o ermaner	nt Address				
Total sibli	ngs	person(s)	You are the	person of total sibl	ings.
No.		Name-Surname	I	nstitution/ Workpla	ace
-					
			<u> </u>		
Marital Sta	atus ()	Single () Widowed	() Divorced	() Separated	
		Registered marriage ()			
Spouse's		ame			
·		Position			
·					
		person(s)	'		
1. Name-S	Surname	Date of	Birth Month	Year Age	years old
2. Name-S	Surname	Date of	Birth Month	Year Age	years old
3. Name-S	Surname	Date of	Birth Month	Year Age	years old
Education	nal Backgro	ound			
Perio	d (Year)	51 v: 11 1		-	
From	То	- Educational level	Institution	Degree	Major
		Elementary			
		Junior High School			
		Senior High School			
		2 2 2			

Period (Year) From To Vocational Certificate Advanced Vocational Certificate Bachelor Major Major Major Other	D : 1()/)						
From To Vocational Certificate Advanced Vocational Certificate Bachelor Master Ph. D. (Doctor of Philosophy)	Period (Year)		Educational lovel	Inctitution	Dograd	Major	
Advanced Vocational Certificate Bachelor Master Ph. D. (Doctor of Philosophy)	From	То	Educational level	institution	Degree	iviajOi	
Certificate Bachelor Master Ph. D. (Doctor of Philosophy)			Vocational Certificate				
Certificate Bachelor Master Ph. D. (Doctor of Philosophy)							
Bachelor Master Ph. D. (Doctor of Philosophy)			Advanced Vocational				
Master Ph. D. (Doctor of Philosophy)			Certificate				
Master Ph. D. (Doctor of Philosophy)							
Ph. D. (Doctor of Philosophy)			Bachelor				
Ph. D. (Doctor of Philosophy)							
			Master				
Other			Ph. D. (Doctor of Philosophy)				
Other							
			Other				

The applicant must submit evidences of graduation of bachelor's degree or higher degree to the
office of Personnel Management after passing the interview test.
Extracurricular Activities During Study
Special Qualifications
Training, Internal and External Study Visit, and other (Please specify period and place.)

() Yes.	Test by Score
on date	(valid not over 2 years from the date of application)
() No.	agree to take an English proficiency test conducted by the standardized agency as specified by
Christian	University of Thailand. The English proficiency test result will be submitted to the University
within 6	days after work commencement in order to be in line with the Standard of Undergraduate and
Graduat	e Curriculum B.E. 2558 on Oualifications of Instructor.

Foreign Language Proficiency

Language		Speaking		Writing			Reading		
	Good	Average	Fair	Good	Average	Fair	Good	Average	Fair
English									
Other									
Other									
Other									

Working Experience (Past-Present)

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

Other Details

 Please specify the pers 	on who can issue empl	loyment certifica	te or certify the applicant's behavio	r.
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 ca	ise of emergency			
Name-Surname		Re	elationship	
Workplace			Telephone no	
3. I acknowledged this job	o opportunities from () Internet () N	lewspaper () Others	
4. Have you been acquair	nted with any Christian	University of Tha	ailand's staff before applying?	
	·			
5. Expected Salary				
6. If you are qualified, wh	en you can start workir	ng?		••••
7. For instructors of Bache	elor of Nursing Science/	Bachelor of Scie	ence Program in Physical Therapy or	nly
() Nursing and Midwife	ry Professional License	() Medical f	Practice License	
Nursing and Midwife	ery no			
Physical Therapy no)			
Application Details (For	instructor only)			
1. Please state subjects ta	aught/ institution(s):			
1.1				
1.2				
2. The latest academic ra	nk/ institution/ year of	appointment:		
2.1				
2.2				
3. The latest administrati	ve position/ institution/	period of holdir	ng:	
3.1				
3.2				
4. Research with title and	period (enclose docun	nents in case of	more information):	
4.1				
4.2				

5. Written textbooks and academic articles (title, period, enclose documents in case of more					
information):					
5.1					
5.2					
6. Teaching preferences and abilities (Please prioritize)					
6.1					
6.2					
7. Desirable colleges and programs (Please prioritize)					
7.1					
7.2					
8. Active membership of professional association (specify membership no.)					
<u>Certification</u>					
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.					
3.1 consent to the university to use and disclose of personal information including to collect the					
aforementioned personal information for the purpose of job application according to the Personal Data					
Protection Act B.E.2562 or other related law /regulations.					
In case you fail from the university's consideration, your information will be kept for one year					
for the consideration of other appropriate positions. In case you pass the selection to work at Christian					
University of Thailand, your personal information will be kept throughout employment term.					
Signed Applicant					
()					

Date Year

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

() Copy of passport	()	Copy of identificati	on 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 appoi	ntmer	nt order					
	() Assistant Professor () Associate Professor () Professorcopy(ies)							
	() List Detail of Academic ti	itle ap	pointment	copy(ies)				
() Copy of Professional License	(For ir	nstructors of Bachel	or of Nursing Scien	ce/ Bachelor of Science			
Pr	rogram in Physical Therapy only	·)						
() Copy of membership of Profe	essiona	al 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			