Sor Thor Bor. 1

Examiner’s ID No.:

**KING MONGKUT’S UNIVERSITY OF TECHNOLOGY THONBURI**

Photo attached

**Employment Application for Academic Position**

Position applied: No.

in the School of

Name and Surname: Sex

Date of birth: Age: Place of birth:

Race: Nationality: Religion:

ID card no.: Issued at: Expiry date:

Weight: Height: Blood type:

Home address: Home phone no.: Mobile phone no.:

Office address: Office phone no.: Email address:

**Marital status**  🞎 Single 🞎 Married 🞎 Divorced/Separated

Spouse’s name:

Nationality: Religion: Occupation:

Company’s name and address:

Number of children: Ages of children in order (1) (2) (3) (4)

**Higher Education Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **College or University attended** | **Study period (from/to)** | **Degree and Major** | **GPA** |
|   |   |   |   |

**Thesis work**

**MA/MS thesis**  Title:

Description of research:

**Ph.D thesis**  Title:

Description of research:

**Post-doctoral dissertation** Title:

Description of research:

**Work experience (Please start with your most recent work.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job title** | **Employer and address** | **Employment period (specify months and years)** | **Job description** | **Supervisor’s name** | **Monthly salary** | **Reason for leaving** |
| ……………..……………..……………..……………..……………..……………..……………..……………..…………….. | ……………..……………..……………..……………..……………..……………..……………..……………..…………….. | ……………..……………..……………..……………..……………..……………..……………..……………..…………….. | ……………..…..…………….…..…………….…..…………….…..…………….…..…………….…..…………….…..…………….…..…………….….. | ……………..……………..……………..……………..……………..……………..……………..……………..…………….. | ……………………………………………………………………………………………… | ……………………………………………………………………………………………………………………… |

**Specialization and academic expertise**

**Academic or public services**

**Honors or awards received**

**Award title Grant source Awarded year**

**Knowledge of foreign languages (Please indicate “excellent”, “good”, “fair”, or “poor”)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Listening** | **Speaking** | **Reading** | **Writing** |
| ………………..…..………………..…..………………..…..………………..….. | ………………..…..………………..…..………………..…..………………..….. | ………………..…..………………..…..………………..…..………………..….. | ………………..…..………………..…..………………..…..………………..….. | ………………..…..………………..…..………………..…..………………..….. |

**Hobbies or other interests**

**Personal references**

Name of advisor or supervisor:

Relationship: Address :

 Tel:

Name of colleague:

Relationship: Address :

 Tel:

Name of subordinate (if any):

Relationship: Address :

 Tel:

**How soon can you start working if accepted for employment?**

🞎 As soon as required

🞎 Still have to work for the former employer until

🞎 Other (specify)

**Do you have any scholarship commitment with other organizations/institutions?**

 🞎 No

 🞎 Yes (specify)

**If I am employed by KMUTT, I promise to devote all my time and efforts to KMUTT and refrain from doing other jobs which are not relevant to KMUTT.**

**I hereby certify that all statements made in this application form are true and correct.**

 (Signature) Applicant

 Application date:

Along with this application form, I also attached the following evidence (mark ✓ in the 🞎 in front of the selected items).

🞎 Copy of transcripts 🞎 Copy of personal ID or Government Official ID card

🞎 Copy of House Registration 🞎 Copy of Military Certificate

🞎 Copy of Degree Certificate 🞎 Copy of Marriage Registration

🞎 Copy of Certificate of Name Change 🞎 Other (specify)

**For University’s Staff Only**

1. 🞎 Documents and evidence are complete. 2. Application fee received

 🞎 Halving problems of 🞎 Undergraduate level 40 baht

 🞎 Graduate level 50 baht

(Signature) (Signature) Application fee recipient

 Recruitment Staff

Date:

-University Emblem-

**Questionnaire on Actual Health Information of the Applicant**

|  |  |
| --- | --- |
| 1. Have you ever had, known, been informed, or received any treatment for the following diseases?- Eye, ear, nose, or neck diseases, regular dizziness or faint, epilepsy, paralysis, mental illness, brain or neurotic system diseases, blood in saliva, tuberculosis, asthma, pneumonia or diseases related to lung or respiratory system, chest pain, high blood pressure, bruise, blood diseases, heart disease or blood vessel disease, flatulence, gastric ulcer, indeterminate colitis, hernia, hemorrhoids, any disease related to liver, gall bladder, stomach, or intestine, ascites, stomach disease, nephropathy, gallstones, venereal disease, sexual organ diseases, urogenital disorders, diabetes, goiter, endocrine system diseases, cancer, tumor, abnormal polyp, persistent fever, rheumatic fever, arthritis, gout, diseases related to spine, joints, or muscles, disabilities  | 🞎 Yes Indicate disease……...........………………………………. Received treatment at …………………………………….🞎 No 🞎 Rarely |
| 2. During the past 5 years, have you ever  a. done medical checkup, checkup for diagnosis e.g. x-ray, EKG, or other checkup using special equipment? b. had injuries, illness, surgical operations, medical consultations, health consultations, any other medical treatments which are not indicated above? | 🞎 Yes 🞎 No Checkup for diagnosis of……………………………….………………………………. |
| 3. Have your father, mother, or siblings had diabetes, mental disorder, heart disease, high blood pressure, blood disease, tuberculosis, or AIDS? | 🞎 Yes 🞎 No Disease………………………. |
| 4. Have you ever taken drugs or other narcotics or taken liquor or received any treatment for alcoholism or narcotics? | 🞎 Yes 🞎 No  |
| 5. Had you ever smoked in the past? If yes, you had smoked for ………. years.Are you currently smoking? ………. cigarettes per day  | 🞎 Yes 🞎 No  |
| 6. Have you had abnormalities at your breasts, vagina, womb, ovary, ovarian duct, or experienced abortion, or difficulties in child delivery, or other complications during pregnancy or child delivery? | 🞎 Yes 🞎 No  |

Note: I hereby certify that all statements made in this application form are true and correct.

(Signature) Applicant

 ( )

 Date: