

Please fill the application form in English

**APPLICATION FOR EMPLOYMENT**

Date ...../...../.....

Position Applied for ..... Date Available for Employment .....

Current Salary ..... Other Benefits .....	Expected Salary ..... Other Benefits .....	Location applied for <input type="checkbox"/> Head Office <input type="checkbox"/> Bangkok 1 Branch <input type="checkbox"/> Bangkok 2 Branch <input type="checkbox"/> Central World Branch <input type="checkbox"/> Hua Lam Phong Branch <input type="checkbox"/> Rangsit Branch <input type="checkbox"/> Siam Discovery Branch	<input type="checkbox"/> Sindhorn Branch <input type="checkbox"/> Srinakharin Branch <input type="checkbox"/> Viphavadee Branch <input type="checkbox"/> Yaowaraj Branch <input type="checkbox"/> Chiangmai Branch <input type="checkbox"/> Had Yai Branch <input type="checkbox"/> Had Yai - Petchkasem Branch	<input type="checkbox"/> Khonkaen Branch <input type="checkbox"/> Pitsanulok Branch <input type="checkbox"/> Surin Branch
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 First Name  Mr.  Mrs.  Miss:  Others..... Last Name: ..... Nickname: ..... Age: .....

**Registered Address**

 No.: ..... Moo: ..... Village/ Condo/ Apartment: ..... Room No.: ..... Soi: ..... Road: .....  
 Kwaeng/ Tambon: ..... Khet / Amphur: ..... Province: ..... Postcode: .....

**Present Address**

 No.: ..... Moo: ..... Village/ Condo/ Apartment: ..... Room No.: ..... Soi: ..... Road: .....  
 Kwaeng/ Tambon: ..... Khet / Amphur: ..... Province: ..... Postcode: .....

 Living Status:  Own house  Rent  Live with parents  Live with others

Telephone : ..... Mobile: ..... E-mail Address: .....

Place of Birth: ..... Date of Birth: ..... Nationality: ..... Religion: .....

ID Card No: ..... Issued at: ..... Issued Date: ..... Expiry Date: .....

 Weigh (Kg): ..... Height (Cm): ..... Military Status:  Completed  Exempted  Others .....

 License No. ....  P1  P2  P3  DRG  IC Plain  IC Complex  CISA Level ...  CFA Level ...  Bond License  
 Fund Manager  CFP  Life Insurance Broker  Non Life Insurance Broker  Other .....

 Marital Status  Single  Married  Divorced  Others

 Marriage & Registration  Unregistered  Registered at .....

Number of Children .....	First Name – Last Name	Age	Occupation	Address	Telephone No.
1.					
2.					
Family Details	First Name – Last Name	Age	Occupation	Address	Telephone No.
Spouse					
Father					
Mother					
Number of Brother/ Sister, Including yourself .....	1.				
	2.				
	3.				

**Educational Background**

Education	Duration		Institute's Name	Certificate/Diploma/Degree	Major Subject	Grade Point Average
	From	To				
Secondary (High School)						
Vocational						
University						
Others						

**Training**

Courses	Institute's Name	Certificate Received	Year

**Previous Employment**

From Month/Year	To Month/Year	Company's Name	Position	Main Duties	Last Salary	Reason of Leaving

**Skills and Abilities**

Language Proficiency	Please indicate				Other Abilities
	Listen	Speak	Read	Write	
English					<input type="checkbox"/> Computer Program.....
Others.....					<input type="checkbox"/> Others .....

<p>Willing to work upcountry</p> <p>Permanently <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Temporarily <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Willing to work overtime / holiday</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Driving Ability</p> <p>Car <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Motorcycle <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Driving License No. ....</p> <p>Driving License No. ....</p>
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**Activities & Social Activities**

Are you or have you ever been a member of an association, professional organization or Labor Union and what positions do/did you hold?

No  Yes Please indicate .....

Hobbies and Interest Area .....

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**References (former colleagues or friends)**

First Name – Last Name	Address	Occupation	Telephone	Relationship
1.				
2.				

**Emergency Contact**

First Name – Last Name	Address	Telephone	Relationship
1.			
2.			

**Do you have a relative work in this Company, please indicate**

First Name – Last Name	Department	Relationship
1.		
2.		

Please provide details and dates of any operations: .....

Have you ever been convicted for a criminal charge?  No  Yes, please indicate .....

Have you ever applied job with company?  No  Yes, date applied.....

Have you ever been dismissed by your previous employer(s)?  No  Yes, please indicate .....

Please state for any Congenital Disease  Hepatitis B  HIV  Others, please indicate .....

Additional information about yourself

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.....  
.....  
.....  
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ข้าพเจ้าขอรับรองว่า ข้อมูลที่ได้กรอกในใบสมัครนี้หรือเอกสารอื่นใดที่เกี่ยวข้องกับการนี้ เป็นความจริงทุกประการ หากปรากฏในภายหลังว่า ข้าพเจ้าปกปิดความจริง และ/หรือให้ข้อมูลเท็จ ข้าพเจ้ายินดีให้บริษัทฯ พิจารณาเลิกจ้างข้าพเจ้าโดยทันทีโดยไม่ต้องจ่ายชดเชย และค่าเสียหายใดๆ ทั้งสิ้น และถ้าบริษัทฯ ได้รับความเสียหายด้วยประการใดๆ ในกรณีนี้ ข้าพเจ้ายินยอมที่จะชดใช้ค่าเสียหายนั้นๆ แก่บริษัทฯ จนครบถ้วน โดยไม่ยกข้ออ้างใดๆ ขึ้นได้แย้งกับบริษัทฯ เป็นอันขาด

I certify that the given information and document are true and correct. I acknowledge that a proven of false information or document, the Company has right to terminate my employment immediately without compensation or severance pay, I agree to compensate the Company for any damage incurred from the provision of the false information.

.....  
Applicant's signature

**FOR OFFICE USE ONLY**

Phillip Securities (Thailand) Public Company Limited  Phillip Asset Management Company Limited  Others .....

Interview Date : ..... Interview by : .....

Job Title : ..... Department/ Branch : .....

Commence Salary : ..... Allowances (if any) : .....

Commence Date : ..... Report to : .....

Remark (if any) : .....

Approved by .....

Executive Director  
...../...../.....

Approved by .....

Chief Executive Officer / Managing Director  
...../...../.....