

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 ☐ Head Office ☐ Bangkok 1 Branch ☐ Bangkok 2 Branch ☐ Central World Branch ☐ Hua Lam Phong Branch ☐ Rangsit Branch ☐ Siam Discovery Branch	☐ Sindhorn Branch ☐ Srinakharin Branch ☐ Viphavadee Branch ☐ Yaowaraj Branch ☐ Chiangmai Branch ☐ Had Yai Branch ☐ Had Yai - Petchkasem Branch	☐ Khonkaen Branch ☐ Pitsanulok Branch ☐ 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	First Name – Last Name	Age	Occupation	Address	Telephone No.
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					☐ Computer Program.....
Others.....					☐ Others

Willing to work upcountry	Willing to work overtime / holiday
Permanently ☐ Yes ☐ No	☐ Yes ☐ No
Temporarily ☐ Yes ☐ No	

Driving Ability	
Car ☐ Yes ☐ No	Driving License No.
Motorcycle ☐ Yes ☐ No	Driving License No.

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
.....

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

Please state whether you owe the student fund ☐ No ☐ Yes ☐ Installment ☐ Have not paid

Additional information about yourself

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ข้าพเจ้าขอรับรองว่า ข้อมูลที่ได้กรอกในใบสมัครนี้หรือเอกสารอื่นใดที่เกี่ยวข้องกับการนี้ เป็นความจริงทุกประการ หากปรากฏในภายหลังว่า ข้าพเจ้าปกปิดความจริง และ/หรือให้ข้อมูลเท็จ ข้าพเจ้ายินดีให้บริษัทฯ พิจารณาเลิกจ้างข้าพเจ้าโดยทันทีโดยไม่ต้องจ่ายชดเชย และค่าเสียหายใดๆ ทั้งสิ้น และถ้าบริษัทฯ ได้รับความเสียหายด้วยประการใดๆ ในกรณีนี้ ข้าพเจ้ายินยอมที่จะชดเชยค่าเสียหายนั้นๆ แก่บริษัทฯ จนครบถ้วน โดยไม่ยกข้ออ้างใดๆ ขึ้นโต้แย้งกับบริษัทฯ 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) :

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Approved by

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

Approved by

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