

*Important information please Input

Whitesp ce

Application for Employment

Photo

Years of Experience _____

Current Salary _____

1. *Position applied for _____ *Expected Salary _____
(one per application)

3. Identification Card No. _____

4. Full name _____ 6. Home Phone _____
Prefix : Mr. Miss, Mrs. Etc. First Last

Ages Religion Nationality Ethnicity

5. Address _____ 7. Business Phone _____

Amphur/Kwheang Province/Khet Postcode 8. Email Address _____

9. EDUCATION

Name and Location of Institution (arrange by recent degree)	Year 's Attendant	Degree Received	Major or Specialty	Minor
1				
2				
3				
4				
5				
6				

a. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. Job Title _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

	Name	Address	Phone	Relationship
a.				
b.				
c.				

12. MISCELLANEOUS

- b. Check which job status you will accept: Full-time Part-time Project Freelance(specify)
- c. Check which employment status you will accept: Salaried (benefits) Hourly(no benefits) Part-time salaried(leave benefits only)
- d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only Occasionally overnight Frequently overnight
- e. Are you willing to provide your own transportation if necessary for your employment? Yes No
- f. Have you ever convicted* for any violation(s) of law, including moving traffic violation. Yes No If Yes, please provide the following:
 Description of offense:
 Statute or ordinance (if known): _____ Date of Charge _____ Date of Conviction _____
 City, Country _____
 (For additional convictions use plain paper. Include all information listed above.)

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Day _____ Month _____ Year

14. CERTIFICATION- Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the WHITESPACE Co., LTD. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a needtoknow basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____

How did you find out about this employment opportunity?

- Newspaper* Friends
- Radio/TV* University Bulletin Board
- Internet Other (please specify)

*specify name of newspaper or other media

Supplementary Experience Form

Identification card No. _____ Position Applied For _____

Name _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
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Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
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 Title _____ Number and titles of employees you supervised _____
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 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____