

**Photo**

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| Position applying for: | | | | | Expected Salary: | | | | | | | | | |
| **PERSONAL BACKGROUND** | | | | | | | | | | | | | | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Last Name) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First name) | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Middle Name) | | | | | Gender:  Male  Female | | |
|  | |  | | | | | |  | | | | |  | | |
| Date of Birth: | | Place of Birth: | | | | | | Nationality: | | | | | | | |
| Contact No.: | | | | | | | Email: | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| Passport No. / Thai ID card: | | | | | | Issued at: | | | | | | | | | |
| Issued date: | | | | | | Expiry date: | | | | | | | | | |
| Marital Status Single Married Divorced Widowed Separated | | | | | | | | | | | | | | | |
| No. of dependents / : \_\_\_\_\_\_\_\_\_  children | | | | Age(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please indicate in an ascending order) | | | | | | | | | | | |
| **EDUCATIONAL BACKGROUND** | | | | | | | | | | | | | | | |
| Schools& Universities  attended | | | Country | | Dates | | | | | | | Degree /  Qualification earned | | | |
| From | | | | | To | |
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| **DIPLOMA / CERTIFICATE / OR TRAINING COURSES ATTENDED** | | | | | | | | | | | | | | | |
| Organised by: | | | Country | | Dates | | | | | | | Course | | | |
| From | | | | | To | |
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| **PREVIOUS TEACHING EXPERIENCES** | | | | | | | | | | | | | | | |
| Name of School | | | Country | | Dates | | | | | | | Position | | | |
| From | | | | To | | |
|  | | |  | |  | | | |  | | |  | | | |
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| **REFERENCES**  **(Please give three referees who have supervised you at your previous workplace)** | | | | | | | | | | | | | |
| **Name** | **Position** | | | | **School Name / Address** | | | | | | **Mobile No. & Email** | | |
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| **Extracurricular activities you could offer: …………………………………………………**  **...………………………………………………………………………………………………** | | | | | | | | | | | | | |
| **Please state why do you want to work at CIS and what makes you suitable for the job.** | | | | | | | | | | | | | |
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| MEDICAL HISTORY / DETAILS | | | | | | | | | | | | | |
| \* Have you ever been treated or attended any medical care or treatment in the last 2 years for any kind of health problems? Yes No If yes, please give details of such kind of illness. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Have you ever been medically retired from any job or left any work because of health reasons?  Yes No If yes, please give details.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Have you ever had any illness or medical problem or disability that may currently affect your ability to teach effectively at CIS? Yes No If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Are you currently taking any kind of medication? Yes No If yes, please state why and the name of medication.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |

I certify that the statements in this application are true and any false information willfully given shall be sufficient reason to dismiss me from working at CIS.

**………………………………….. …………………………….**

**Applicant’s Signature Date**

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| **FOR CIS STAFF USE ONLY** |
| **Date of interview: ……………………………………. Position: …………………..........................**  **Date of employment:…………………………….. Salary: …………………………………………..**  **Approved by: ………………………………………………………………** |