

APPLICATION FORM: THAILAND PAVILION AMBASSADOR 2017

	L REGOCNIZED EXHII	BITION EXPO 2017		.017					
POSITION: Exhibition Staff		INTERVIEW D	ATE						
Please complete the application form and at	ach the required docume	nts as the following:							
1 Copy of ID card 1 Copy	of House Registration	1 Copy of	f Transcript	РНОТО					
1 Update Resume Photos	me Photos: one full-body photo, one 2'photo 1 Copy of Passport								
Please certify all your copies and written you	hotos								
	PERSONAL [DATA							
NAME - LAST NAME(Eng.) (Mr./Mrs./Ms	i.)								
PASSPORT ID/ :									
CURRENT ADDRESS No.:									
Street :		City:							
Country: Zip Cod	e :								
Home Tel. :	-								
Email :	Line	ID:							
Facebook:	instagram :		w VK:						
Date of Birth : / / 25	Age :	Height :	Weight:						
Marital Status : Single	Married Divorced	Widowed	Religion :						
Residence Home Ren	t With Parents	Dormitory	Others						
Blood Type : (X) (A (B (AB (O	Food Allergy :								
Interests / Hobbies :	•								
Emergency Contact :		Relationship :							
Telephone No. :									
	FAMILY BACKG	ROUND							
Father's Name :	Occupa	ation	Alive	Pass away					
Mother's Name :	Occupa	Alive	Pass away						
No. of Siblings	Male	Female_							
Name	Occupa	ation	Alive	Pass away					
Name	Occupa	ation	Alive	Pass away					
Name	Occupa	ation	Alive	Pass away					

Level Achieved Institute Year Start-End Major / Subjects of Study GPA High School College Bachelor's Degree Master's Degree Others	
College Bachelor's Degree Master's Degree	
Bachelor's Degree Master's Degree	
Master's Degree	
Others	
la	
Do you plan to further your education ? NO YES If so, when	
EMPLOYMENT OR INTERNSHIP HISTORY	
Employment History (Please list the recent job)	
Employment History Year(s) Month(s) Total number of employers	
1.Current Company :	
Type of Business : From Year (Y/M) : To Year (Y/M) :	
Position:	
Job Responsibilities :	
Supervisor : Total of Assistant :	
Reason for Leaving :	
Bonus Month(s): Special Bonus : Commission / Incentive :	
Car No YES Driver No YES	
Vehicle Expenses Baht Life Insurance Other	
PREVIOUS EMPLOYMENT OR INTERNSHIP	
2.Previous Company : Tel	
Type of Business : From Year (Y/M) : To Year (Y/M) :	
Last Position :	
Job Responsibilities :	
Reason for Leaving	
3.Previous Company :	
Type of Business : From Year (Y/M) : To Year (Y/M) :	
Last Position :	
Job Responsibilities :	
Reason for Leaving	
Member of Professional Association or Organization	
1	
2	
3	
Have you ever attended any training course ?	
If so, please indicate	

Train	ning course	Institutions	Position Year					
Have you ever a	attended special ad	ctivities ?	☐ No		YES			
If so, please indi	icate							
Desc	cription	Institutions			Position	Year		
-	eceived any award	ds?	☐ No		YES			
If so, please indi								
Desc	cription		Instituti	ons		Year		
		_						
What do you see	e yourself in the no	ext five years from now ?						
In your opinion, v	what qualifications	s or skills are required for this	job ?					
		PROFESSION	AL QUALIFICA	TION				
Computer	Microsoft W	<u> </u>	osoft Excel		Microsoft Pov	werPoint		
	PhotoShop		e Maker		Illustrator			
	Others:							
Other Skills	Musical Skil	lls (please indicate)						
	Dance (plea	ase indicate)						
	Others:							
i								

		Speak															
Language	1	Listening				Reading				Writing							
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor	
Thai																	
English																	
Kazakh																	
Russian																	
					/ D		FERI										
	(Please do not list relatives) NAME Company Position Phone Number										ber						
						GEN	IERA	L DA	TA								
1. How do	you know	about o	our recr	uitment	:?	П	Webs	ite									
						\Box	TV	••••		Post	er	••••••	Frie	nds	••••••		
							Faceb	ook		Insta	ıgram		_				
							Other										
2. Reason	for applyin	g															
3. Available	to work a	broad			YES				NO	Beca	ause .						
4. Permane	4. Permanent Sickness YES								NO	If yes, please specify							
5. Have yo	u ever bee	n physi	cally ha	andicap	ped, or ha	ve a c	hronic	disea	ase, vener								
leprosy, epilepsy, asthma, drugs addition or other disabilities ?																	
	YES			NO	If yes,	, pleas	e spe	cify									
I certify that information contained in this application is correct and complete. I understand that false information may be																	
grounded	for not hir	ing or fo	or imme	ediate t	ermination	n of er	nployr	ment a	at any poin	it in th	e futu	re with	out any c	ompens	sation.		
I authorize	e the verifi	cation c	of all inf	ormatio	n listed al	oove a	ınd all	docu	ments atta	ched.							
Signature	of applic	ant							Date								