



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
--	---	---

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
 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>
--	--

<p>Driving Ability</p> <p>Car <input type="checkbox"/> Yes <input type="checkbox"/> No Driving License No.</p> <p>Motorcycle <input type="checkbox"/> Yes <input type="checkbox"/> No Driving License No.</p>

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

Additional information about yourself

.....
.....
.....
.....
.....

ข้าพเจ้าขอรับรองว่า ข้อมูลที่ได้กรอกในใบสมัครนี้หรือเอกสารอื่นใดที่เกี่ยวข้องกับการนี้ เป็นความจริงทุกประการ หากปรากฏในภายหลังว่า ข้าพเจ้าปกปิดความจริง และ/หรือให้ข้อมูลเท็จ ข้าพเจ้ายินดีให้บริษัทฯ พิจารณาเลิกจ้างข้าพเจ้าโดยทันทีโดยไม่ต้องจ่ายชดเชย และค่าเสียหายใดๆ ทั้งสิ้น และถ้าบริษัทฯ ได้รับความเสียหายด้วยประการใดๆ ในกรณีนี้ ข้าพเจ้ายินยอมที่จะชดเชยค่าเสียหายนั้นๆ 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
...../...../.....