



### Rambhai Barni Rajabhat University

### Application form for Academic Appointment

Field/Course..... Faculty.....

1. Name-Surname (Mr/Mrs/Ms)..... Nationality.....  
Race ..... Religion.....
2. Date of Birth..... Month ..... Year ..... Age ..... Years ..... Month(s).....  
Place of Birth: Sub-district..... District..... Province/State.....
3. Bachelor Degree ..... Field ..... GPAX .....  
Name of University/Institution .....
4. Master Degree..... Field ..... GPAX .....  
Name of University/Institution .....
5. Doctoral Degree..... Field ..... GPAX .....  
Name of University/Institution .....
6. Hobbies and Special interest(s).....  
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.....
7. Present Occupation       Private Employee       Government Employee  
    Self-employed                       Other (please specify).....  
    Unemployed
- Work address.....  
..... Tel.....
- E-mail address.....
8. Teaching Experience (Please specify subjects and total number of credits or hours taught)  
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9. Work Experience (beginning with most recent job):

Duration	Company / Organization Address / Telephone Number	Position and Description of Work	Total Income from salary (baht)	Reasons for leaving

10. Attendance at domestic and overseas professional Courses/Seminars/Conferences (within the last 3 years)

No.	Course/Program	Year	Institution

11. Present Address/Contact address.....  
 .....Tel.....

12. Marital Status     Single     Married     Widowed     Divorced

13. Spouse's Name .....Nationality.....Occupation.....  
 Contact Address.....

14. No. of Children..... Age...../...../.....

15. Father's Name.....Nationality.....Occupation .....  
 Mother's Name..... Nationality.....Occupation .....

16. Person to be notified in case of emergency .....  
 Relationship .....Address .....  
 .....Tel .....

17. Passport No..... Issued at.....  
 Issue Date.....Expiry Date.....  
 Type of Visa.....Issued at.....  
 Issue Date.....Expiry Date.....

18. References

18.1 Advisor/Supervisor.....

Relationship.....

Contact Address.....Tel.....

18.2 Classmate/Colleague.....

Relationship.....

Contact Address.....Tel.....

18.3 Subordinate (if any).....

Relationship.....

Contact Address.....Tel.....

19. Together with this application, I have attached herewith the followings and evidences with my signature on every pages (except for Medical certification), the total is ..... copies as follows:

- Two copies of *Identity page (showing photo and personal details) of your passport*
- A copy of *passport (All pages)*
- A copy of *transcriptions (All level)*
- A copy of *certificate of educations/diplomas (All level)*
- A copy of *certificate of work/professional training experience (if any)*
- A copy of *certificate of name change (if any)*
- Four official photos, 1 x 1.5 inch square
- A *medical Certification*
- Other (please specify).....

I hereby testify that, to the best of my knowledge, the information given herein is true and correct in all respects.

Signature.....Applicant

(.....)

Date of Application date...../month...../year.....

**FOR OFFICIAL USE ONLY**

<input type="checkbox"/> Complete evidences <input type="checkbox"/> Incomplete because ..... Signature.....HR Officer (.....)	<input type="checkbox"/> Complete evidences <input type="checkbox"/> Incomplete because ..... Signature.....Screening Committee (.....)
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