

Application Form Roi Et Rajabhat University

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	Lecturer:						
Position							
	Other Po	sition:					
1. Background							
Name (Mr., Mrs., Miss)	Surn	ame					
ID Number/ Passport Number							
Date of Birth (D/M/Y)	Age	e . <u></u> Race					
Religion Marital Sta	tus Single	Married Div	orced/				
Home Address							
Postal Code	Telephone						
2. Present Address							
Present Address							
Postal Code	Telephone						
E-mail:							
A Person to contact in case of emerger	ncy						
Relationship	Telephone						
3. Educational Background							
Level Degree/Certificate	Major	Institution/Country	Year	GPA			
			Completed				
Bachelor's							
Master's							
Doctoral							
Other							

4. Special Qualifications

4.1 Language Ability

Language	Speaking		Reading		Writing				
	Fair	Good	Very good	Fair	Good	Very Good	Fair	Good	Very good

4.2 Computer Skills								
☐ Ms Word ☐ Ms Excel ☐ Ms Power Point ☐ Ms Access ☐ Other								
☐ Network	☐ Hardware ☐ S	oftware 🔲 Other						
4.3 Keyboarding Qua	4.3 Keyboarding Qualifications							
Thai Typing SpeedWords Per Minute								
English Typing Spe	ed	Words Per Minute						
4.4 Other Qualification	ons							
5. Employment History								
1. Name of Organization:		Work Duration: From	To (Month/Year)					
		(Month/Year)						
Address:	Phone:	Starting Salary:	Ending Salary:					
Position:	Immediate Supervis	sor Name/Title:	Supervisor's Phone:					
Reason for leaving:								
2. Name of Organization:		Work Duration: From	To (Month/Year)					
		(Month/Year)						
Address:	Phone:	Starting Salary:	Ending Salary:					
Position:	Immediate Supervis	sor Name/Title:	Supervisor's Phone:					
Reason for leaving:								
3. Name of Organization:		Work Duration: From	To (Month/Year)					
		(Month/Year)						
Address:	Phone:	Starting Salary:	Ending Salary:					
Position:	Immediate Supervis	sor Name/Title:	Supervisor's Phone:					
Reason for leaving:								

6. Reference

Name	Relationship	Occupation	Position	Telephone
1.				
2.				
3.				

	I hereby certify that above	information is correct and I am	willing to allow	w RERU a	authorities t	С
double	-check information from ab	ove – mentioned references.				

Name		 	
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Dav	Month	 Year	