



# Employment Application Form

**U2Bio Thailand Co.,Ltd**  
*Global Premier Medical Service Partner*

PHOTO  
 (Within 6months)

**Please complete by using Block Letters as appropriate**

Position Applied for	Expected Salary BHT /month	Date Available
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## PERSONAL DATA

Name – Surname	Nick Name		
Date of Birth	Age	I.D./Passport NO.	Expired Date
Present Address			
Telephone No	Mobile No.	Height cm	Weight kg
Have you completed the military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exempted * Reason :			

## EDUCATION

*(Please fill out every level and attached copy of the highest level certificates)*

Education Level	Name of School / Institution	Period Attended		Graduation Degree	Major Subject
		From	To		
High School					
Vocational / Diploma					
Graduate or Equivalent					
Postgraduate					
Others Course					

## OTHER SKILLS

*(Please SPECIFY level of proficiency : E: Excellent; VG: Very Good; G: Good; F: Fair; P: Poor)*

<b>Language Skills</b> Thai ( ) English ( ) Others: _____( )
<b>Computer Skills</b> MS Word ( ) MS Excel ( ) MS Powerpoint ( ) Others _____( )

## FAMILY PARTICULARS

Member(s) of Family	Name – Sur Name	Age	Occupation
Father's Name			
Mother's Name			
Brother and Sister			

## MARITAL STATUS

Single                     
  Married                     
  Unregistered Marriage                     
  Separated                     
  Divorced

**In Case of emergency, notify**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY (Starting from the latest employment)

Name of Company	Period		Last Position	Basic Salary	Reason for Leaving
	From	To			

Job Responsibilities \_\_\_\_\_

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	From	To			

Job Responsibilities \_\_\_\_\_

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Job Responsibilities \_\_\_\_\_

Name of Company	Period		Last Position	Basic Salary	Reason for Leaving
	From	To			

Job Responsibilities \_\_\_\_\_

**Please answer the below statements as truth**

**Have you ever.....**

NO     YES    have any of diseases in the last 5 years, IF YES please specify

\_\_\_\_\_

NO     YES    Do you have any criminal record?

NO     YES    Do you have any physical disabilities, IF YES please specify

\_\_\_\_\_

I certify that all statements given in the application are true, if any part of my statement is found to be untrue after employment, I agree that Company has right to terminate my employment without any compensation, severance pay whatsoever or advance notice

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_