

EMPLOYMENT APPLICATION

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THIS APPLICATION IS GIVEN FREE OF CHARGE at ACLEDA Institute of Business, OR CAN BE DOWNLOADED FROM WEBSITE: www.acledabank.com.kh or www.acleda-aib.edu.kh THE ACCEPTANCE OF APPLICATION FORM DOES NOT IMPLY THAT THE APPLICANT WILL BE SHORT-LISTED OR EMPLOYED. ONLY QUALIFICATION OF JOB-RELATED KNOWLEDGE AND SKILLS MAY BE PRIORITIZED.
Note: This application is used for Full Time Lecturer.

Position Applied for **Location**..... **Salary Desired \$**...../M
 Could you go anywhere beside the above location? No Choice Everywhere Somewhere,

BASIC INFORMATION

Have you ever applied to ACLEDA INSTITUTE OF BUSINESS? Yes No. If yes, please specify the position and date that applied for

Have you ever worked for ACLEDA INSTITUTE OF BUSINESS? Yes No. If yes, please specify the position, Location and date of resignation

Have you got any relatives (son, daughter, adoptee, sibling, father, mother) working for ACLEDA INSTITUTE OF BUSINESS or ACLEDA Bank? Yes No.
 If yes, please list name below :

Name	Position	ID	Location	Relationship
.....
.....

Have you got any relatives (son, daughter, adoptee, sibling, father, mother) applying for ACLEDA INSTITUTE OF BUSINESS or ACLEDA Bank? Yes No
 if Yes, please list name below :

Name	Position Applied for	Location	Relationship
.....
.....

PERSONAL INFORMATION

Full Name **Full Name (IN KHMER)** **Nickname**.....
 Date of Birth:, Place of Birth:, Race, Nationality
 Height cm, Weightkg, Personal Phone Number ☎ :

Education **Major**..... **Institution Name**.....
Marital Status: Single Married Divorce Widow(er), # of Children.....
 Spouse's Name Occupation
 Company Name Phone Number ☎ :
 Father's Name..... Alive Dead, Year of Birth..... Occupation.....
 Mother's Name..... Alive Dead, Year of Birth..... Occupation.....
 Parents' Phone Number ☎ : (Father) ☎ : (Mother)

Permanent Address (base on Family or Resident Book): N^o..... Street..... Group Village.....
 Commune..... District-City..... Province/Capital.....
The above address is my : Own House, Parents' House, Parents-in-Law's House, Guardian's House, Rental House,

EDUCATIONAL BACKGROUND

Start with the higher to lower education (from the most current university to secondary school)

Institution Name	Location <small>(Province-City & Country)</small>	Year Attended		Field of Study	Degree/ Diploma	Certificate	
		From	To				
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attached with certificate which certified by relevant competent authority.

TRAINING / SHORT COURSES

Institution Name	Location <small>(Province-City & Country)</small>	Duration	Course Title	Certificate	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attached with one copy of each certificate.

OTHER SKILLS

FOREIGN LANGUAGES

Languages	Reading				Writing				Speaking				Listening			
	Poor	Fair	Good	Very Good	Poor	Fair	Good	Very Good	Poor	Fair	Good	Very Good	Poor	Fair	Good	Very Good

INTERNSHIPS

Company Name	Topic	Duration	Certificate	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attached with one copy of certificate.

EMPLOYMENT EXPERIENCE

Please give an accurate **Full-time, Part-time** employment related to teaching. Start with your Current or Last Job (①) to previous job (②) (③). If you do not have any experiences, please tick in this box: **None**

① Institution Name: Type of Business:

Address: Job Title:

Rector/Dean Name: Phone (☎):

Date of Employment: From..... To Wage/ Salary:

Subject:

.....

May We contact your Rector/Dean for a reference? Yes No

② Institution Name: Type of Business:

Address: Job Title:

Rector/Dean Name: Phone (☎):

Date of Employment: From..... To Wage/ Salary:

Subject:

.....

May We contact your Rector/Dean for a reference? Yes No

③ Institution Name: Type of Business:

Address: Job Title:

Rector/Dean Name: Phone (☎):

Date of Employment: From..... To Wage/ Salary:

Subject:

.....

May We contact your Rector/Dean for a reference? Yes No

REFERENCES

List **two personal references** who are **parents, guardians or other relatives** that know you well.

1- Name: Mr/Ms..... Relationship: Occupation

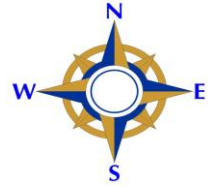
Address: Phone (☎):

2- Name: Mr/Ms..... Relationship: Occupation

Address: Phone (☎):

PERMANENT ADDRESS/RESIDENCE MAP

Please draw a road map to reach to your permanent residence (*base on address in your **Family or Residence book***).



APPLICANT'S CERTIFICATION

I hereby certify that all the information provided in this application and attached documents is true, complete and correct to the best of my knowledge. I understand that any false information and misrepresentations are discovered, my application may be rejected and, if I am employed, my employment contract may be terminated with no conditions.

Signature of Applicant

Thumbprint of Applicant

Date

Note: *This application and attached documents are not returned.*

FOR OFFICE USE ONLY

Received by Mr./Ms. Branch..... Signature..... Date.....

Short-listed by Mr. / Ms. Signature..... Date.....

បញ្ជីរាយនាមឯកសារដែលត្រូវប្រគល់ជូន

វិទ្យាស្ថាន ពាណិជ្ជកម្ម អេស៊ីលីដា



ល.រ	ឈ្មោះឯកសារ (សូមគូសបញ្ជាក់ <input type="checkbox"/> បានប្រគល់, <input type="checkbox"/> មិនបានប្រគល់)	ចំនួន
១	<input type="checkbox"/> ពាក្យសុំបម្រើការងារជាគ្រូបង្រៀន	០១ ច្បាប់
២	<input type="checkbox"/> សេចក្តីប្រកាសសាច់ញាតិ <input type="checkbox"/> ID សាច់ញាតិ	..... ច្បាប់
៣	<input type="checkbox"/> រូបថត ៤x៦	០២ សន្លឹក
៤	<input type="checkbox"/> Cover Letter	០១ ច្បាប់
៥	<input type="checkbox"/> ប្រវត្តិរូបសង្ខេប (CV) ជាភាសាអង់គ្លេស	០១ ច្បាប់
៦	<input type="checkbox"/> កាតសម្គាល់ខ្លួនជាមន្ត្រីរាជការ <input type="checkbox"/> កាតសម្គាល់ខ្លួនជាបុគ្គលិកអេស៊ីលីដា	
៧	<input type="checkbox"/> សៀវភៅគ្រួសារ ឬសៀវភៅស្នាក់នៅ (សន្លឹកថតចម្លង)	០១ ច្បាប់
៨	<input type="checkbox"/> អត្តសញ្ញាណប័ណ្ណសញ្ជាតិខ្មែរ (សន្លឹកថតចម្លង)	០១ ច្បាប់
៩	<input type="checkbox"/> សេចក្តីចម្លងសំបុត្រកំណើត (ច្បាប់ដើម)	០១ ច្បាប់
១០	<input type="checkbox"/> សេចក្តីចម្លងសំបុត្រអាពាហ៍ពិពាហ៍ <input type="checkbox"/> សេចក្តីចម្លងសំបុត្រកំណើតកូន	.....
១១	<input type="checkbox"/> លិខិតបញ្ជាក់ការងារ (ទាក់ទងនឹងការបង្រៀន)	..... ច្បាប់
១២	<input type="checkbox"/> លិខិតបញ្ជាក់ពីអាជ្ញាធរ (ករណីមានការកែតម្រូវ)	..... ច្បាប់
១៣	សញ្ញាបត្រ	
	ក- បណ្ឌិត: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ	..... ច្បាប់
	ខ- អនុបណ្ឌិត: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ	..... ច្បាប់
	គ- បរិញ្ញាបត្រ: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ	..... ច្បាប់
	ឃ- ទុតិយភូមិ: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ	..... ច្បាប់
	ង- ផ្សេងៗ: <input type="checkbox"/> ច្បាប់
១៤	វិញ្ញាបនបត្របញ្ជាក់ការសិក្សាវគ្គខ្លីៗ	
		..... ច្បាប់
		..... ច្បាប់
១៥	ឯកសារផ្សេងៗ ÷	
		..... ច្បាប់
		..... ច្បាប់
		..... ច្បាប់

បញ្ជាក់: - ពាក្យសុំបម្រើការងារ និងឯកសារផ្សេងៗ ដែលបានភ្ជាប់មកជាមួយ គឺមិនអាចសុំដកយកពីវិទ្យាស្ថានវិញបានទេ។
 - ចំពោះសញ្ញាបត្រទុតិយភូមិ បរិញ្ញាបត្រ បរិញ្ញាបត្រជាន់ខ្ពស់ និងបណ្ឌិត ត្រូវមានការបញ្ជាក់ពីអាជ្ញាធរមានសមត្ថកិច្ចពាក់ព័ន្ធ។

រាជធានីភ្នំពេញ ថ្ងៃទី.....ខែ.....ឆ្នាំ.....
ហត្ថលេខា

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