



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.

Position Applied for..... **Location**..... **Salary Desired \$**...../month

BASIC INFORMATION

Have you got any relatives (son, daughter, adoptee, sibling, father, mother) working for ACLEDA Institute of Business or Subsidiaries of ACLEDA Bank? YesNo
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 Subsidiaries of ACLEDA Bank? YesNo
if Yes, please list name below :

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

PERSONAL INFORMATION

FULL NAME..... **FULL NAME (IN KHMER)**..... **NICKNAME**.....

Date of Birth:, **Place of Birth:**,

Passport/Khmer Identity Card N^o:, **Nationality:**

Sex: Male, Female. E-mail:

Personal Phone Number ☎ :

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) :

Current Address: House N^o..... Street..... 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, Others

EDUCATIONAL BACKGROUND

Start with the higher to lower education (from the most current university or institute)

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
						<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.

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 **Company Name:**..... **Type of Business:** **Phone** (☎).....

Address:..... **E-mail:**.....

Current or Last Job Title:..... **Supervisor Name:**..... **Phone** (☎).....

Date of Employment: From..... **To**..... **Wage/ Salary:** Starting..... **Ending**.....

Description of Job Responsibility.....

.....

May We contact your supervisor for a reference? Yes No

② **Company Name:**..... **Type of Business:** **Phone** (☎).....

Address:..... **E-mail:**.....

Current or Last Job Title:..... **Supervisor Name:**..... **Phone** (☎).....

Date of Employment: From..... **To**..... **Wage/ Salary:** Starting..... **Ending**.....

Description of Job Responsibility.....

.....

May We contact your supervisor for a reference? Yes No

③ **Company Name:**..... **Type of Business:** **Phone** (☎).....

Address:..... **E-mail:**.....

Current or Last Job Title:..... **Supervisor Name:**..... **Phone** (☎).....

Date of Employment: From..... **To**..... **Wage/ Salary:** Starting..... **Ending**.....

Description of Job Responsibility.....

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May We contact your supervisor for a reference? Yes No

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

Date

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

FOR OFFICE USE ONLY

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