

EMPLOYMENT APPLICATION

THIS APPLICATION IS GIVEN FREE OF CHARGE at ACLEDA University 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.

Recent Photo
4 x 6 cm

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 UNIVERSITY OF BUSINESS? ☐ Yes ☐ No. If yes, please specify the position and date that applied for

Have you ever worked for ACLEDA UNIVERSITY 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 UNIVERSITY 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 UNIVERSITY 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, Weight kg, 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 (Province-City & Country)	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 <u>certificate</u> which certified by relevant competent authority.							

TRAINING / SHORT COURSES					
Institution Name	Location (Province-City & Country)	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 <u>certificate</u> .					

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 <u>certificate</u> .				

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
សាលាវិទ្យាល័យ ពាណិជ្ជសាស្ត្រ អេស៊ីលីដា

ល.រ	ឈ្មោះឯកសារ (សូមគូសបញ្ជាក់ ២ បានប្រគល់, ៣ 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	វិញ្ញាបនបត្របញ្ជាក់ការសិក្សាឆ្នាំៗ	
		..... ច្បាប់
		..... ច្បាប់
១៥	ឯកសារផ្សេងៗ ÷	
		..... ច្បាប់
		..... ច្បាប់
		..... ច្បាប់

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

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

ហត្ថលេខា

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