EMPLOYMENT APPLICATION

THIS APPLICATION IS GIVEN FREE OF CHARGE at ACLEDA University of Business, OR CAN BE DOWNLOADED FROM WEBSITE: **www.aub.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 ACLEDA Part Time Lecturer / Part Time Lecturer.

Recent Photo
4 x 6 cm

Position Applied for..... **Location**..... **Salary Desired $**...../H

BASIC INFORMATION

Have you ever applied to ACLEDA University of Business or ACLEDA Bank Plc. or Subsidaries of ACLEDA Bank Plc. before? ☐ Yes ☐ No. If yes, please specify the position and date that applied for

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Have you ever worked for ACLEDA University of Business ACLEDA Bank Plc. or Subsidaries of ACLEDA Bank Plc.? ☐ Yes ☐ No. If yes, please specify the position, Location and date of resignation

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Have you got any relatives (son, daughter, adoptee, sibling, father, mother) **working** for ACLEDA University of Business ACLEDA Bank Plc. or Subsidaries of ACLEDA Bank Plc.? ☐ 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** to ACLEDA University of Business ACLEDA Bank Plc. or Subsidaries of ACLEDA Bank Plc.? ☐ Yes ☐ No. If yes, please list name below:

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

PERSONAL INFORMATION

FULL NAME..... **FULL NAME (KHMER)**..... **Sex**.....

Date of Birth...../...../....., Place of Birth..... Race..... Nationality.....

Height..... cm, Weight.....kg, Personal Phone Number ☎ **:** .....

Education..... **Major**.....

Institution Name.....

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ 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 Residence Book): Nº.....Street..... Group..... Village.....

Commune..... District-City..... Province/Capital.....

The above address is my : ☐ Own House, ☐ Parent's House, ☐ Parents-in-Law's House, ☐ Guardian's House, ☐ Rental House

☐ .....

Do you smoke (both normal cigarette, electronic cigarette and others)? ☐ Yes, I do, ☐ No, I don't

If you do, please specify the date: ...../...../..... Currently: ☐ keep smoking, ☐ stop smoking

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				
						☐ Yes	☐ No
						☐ Yes	☐ No
						☐ Yes	☐ No
						☐ Yes	☐ No

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

FOREIGN LANGUAGES

Foreign 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

EMPLOYMENT EXPERIENCE

Please give an accurate **Full-time, Part-time** employment record and include any **Volunteer** activities.

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 ❑,** and give all periods of unemployed:.....

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 Responsibilities: .....

.....

Reason for Leaving: .....

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 Responsibilities: .....

.....

Reason for Leaving: .....

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 Responsibilities: .....

.....

Reason for Leaving: .....

May We contact your supervisor for a reference? ❑ Yes ❑ No

APPLICANT'S CERTIFICATION

I hereby declare that all the information provided in this application and attached documents are true, complete and correct to the best of my knowledge. I also conform that I agree to the University for collection, use and processing my personal data in accordance with the University's requirements. 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.
- Sample application is available at www.aub.edu.kh.

Privacy Notice

FOR OFFICE USE ONLY

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

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