D SUBSIN HOLDING CO., LTD. APPLICATION FOR EMPLOYMENT APPLICATION FOR EMPLOYMENT PRO SECURE CO., LTD. INNEKT TECHNOLOGY CO., LTD.				
ZYNEK TECHNOLOGIES CO., LTD. F	RO SECURE CO., LTD. OUR WINGS ENGINEER C PROSYSTEM 1994 CO.	ING CO., LTD. UNIQ KAS CO., LT		
Position of :		Salary expected :		
Name (Mr./Mrs./Miss):		Nickname :		
Address:				
pos	st code :	Email:		
Telephone No. :		Mobile Phone No.:		
Date of Birth :		Age:	Blood Group :	
Identification Card No. :		Place of Birth:		
Height:		Weight:		
Nationality:		Religion :		
Marital Status (Single/Married/Divorced):				
Husband's/Wife's Name :		Occupation :	Age:	
No. of Children :			Age:	
Father's Name :		Occupation:	Age:	
Mother's Name :		Occupation:	Age:	
Desired Salary :				
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QUALIFICATIONS: (State in detail your educational background)

•		•	0 /		
Date		Nome of School/University	Location	Major	Course/Dogree
From	To	Name of School/University	Location	Major	Course/Degree
Special Sk	ills :		Typing : Thai w	ords/minute	English words/minute

Computer Skills:

Knowledge in English and other language : (Excellent/Good/Fair)

	Speaking	Understanding	Writing	Reading
English				
Others (specify)				
Others (specify)				
Iobbies:				
Priving Ability: Auto-V	ehicle Mo	tor-cycle Licen	ice No. :	

D

Private owned vehicle: ☐ Yes ☐ No Private owned motor-cycle: ☐ Yes □ No

Are you now, or have you ever been a member of any societies, association, unions etc.? ☐ Yes □ No

If yes, name of organization: Period of membership:

EXPERIENCE : (Give details	s of your Employment sto	arting with your present Employer)	
1 - Date of employment :			
From	To	Position Held:	
Name & Address of Employe	er:		
Salary/month:		Reason for leaving:	
Description of work :			
2 - Date of employment :	T.	D W. 11	
From	То	Position Held :	
Name & Address of Employe	er:		
Salary/month :		Reason for leaving:	
Description of work :		J	
3 - Date of employment :			
From	To	Position Held:	
Name & Address of Employe	er:		
Salary/month :		Reason for leaving:	
Description of work :			
May we refer to your present	t Employer for a refere	ence?	
Give 3 names of persons not	related to applicant to	be referred to :	
Name	Occupation	Address	Telephone No.
Health: (state any physical di	sablities and/or any maj	ior illness or operation & date)	
Person to notify in case of em	nergency:	Relation:	
Address:		Telephone No. :	
I hereby certify that the infor	rmation given in this ap	pplication is complete and correct.	
		Signed :	
		Date :	
For office use only:			
Comments :			
Remarks :			
Interviewer's signature :		Date:	