

**JOB APPLICATION**

PLEASE FILL-IN ALL REQUESTED INFORMATION

PHOTO

DATE: \_\_\_\_\_

**Name (Thai):** \_\_\_\_\_

**Name (English):** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

**PERSONAL DATA**

Sex:     Male    Female

Birthday: \_\_\_\_\_      Age: \_\_\_\_\_  
 Nationality: \_\_\_\_\_      Religion: \_\_\_\_\_  
 Father's name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_      Organization/Position: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_      Organization/Position: \_\_\_\_\_

Present address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_      Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Permanent address (if different from present address):

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL AND TRAINING BACKGROUNDS**

EDUCATION	INSTITUTION	PERIOD (FROM-TO)	DEGREE EARNED	GPA
High School				



ATTORNEYS-AT-LAW

<b>Vocational</b>				
<b>Bachelor</b>				
<b>Master</b>				
<b>Doctoral</b>				
<b>Others</b>				
<b>Others</b>				

**Training / Extra Curriculum Activities:**

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**WORK EXPERIENCE**

**(Begin with most recent position)**

<b>Period</b>	<b>Company Name</b>	<b>Department/Position</b>	<b>Salary started-ended</b>	<b>Reasons of leaving</b>

**OTHER SKILLS OR QUALIFICATIONS**

Skill of language (rank from fair – good – excellent)			
Language	Reading	Writing	Speaking

Computer Program			
Program	Never Use	Good	Excellent
Microsoft Word			
Microsoft Excel			
Microsoft Power Point			
Others (please specific) _____			
Others (please specific) _____			

**AREAS OF INTEREST**

(Please specify legal fields interested)

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**REFERENCE PERSONS**

Name/Last name	Company	Position	Tel.	Relationship

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name/Last name	Company	Position	Tel.	Relationship

**Please answer the following questions:**

- Have you ever been drug addicted or alcoholic?  No  Yes
- Have you ever been convicted a crime?  No  Yes, please explain
- 
- Are you a healthy person to work?  No  Yes, If NOT please explain
- 
- Have you ever been announced a bankruptcy?  No  Yes
- Do you have any serious contacted illness?  No  Yes
- Do you know anyone in this company?  No  Yes,
- Name-last name \_\_\_\_\_

I certify that all above information, as well as other submitted documents are true. I authorize you to make such investigations and inquiries of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant:

( \_\_\_\_\_ )

Date: \_\_\_\_\_

Thank you for completing this application and your kind interest in LS Horizon

<p><b>Please submit the following documents along with the application;</b></p> <p><input type="checkbox"/> One 1" photo <input type="checkbox"/> One copy of transcript</p> <p><input type="checkbox"/> One copy of identification card <input type="checkbox"/> One copy of household registration</p> <p><input type="checkbox"/> Others _____</p>
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