

Direction: Complete the application form.

Application Form

First Name :	Last Name:
ID Card No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Domicile Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Phone No. :	Email Address:
Highest Education:	Field of study:
Institution:	<input type="checkbox"/> Studying <input type="checkbox"/> Graduated
Job Skills: <input type="checkbox"/> English <input type="checkbox"/> Computer <input type="checkbox"/> Driving	
Others Foreign Language:	Driving : <input type="checkbox"/> Licensed <input type="checkbox"/> Unlicensed
How did you know About the vacancy?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Agency <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____
What position(s) are you applying for?	
Job Types: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract	
Preferred Company:	Preferred Job Field:
Days Available For Work:	Total Hours Available Per Week:
Professional License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
Workplace:	Position Held:
From-To:	Reason For Leaving: