

EMPLOYMENT APPLICATION

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4 x 6 cm

THIS APPLICATION IS GIVEN FREE OF CHARGE AT HEADQUARTERS, BRANCHES OF ACLEDA Bank Plc., OR CAN BE DOWNLOADED FROM WEBSITE: www.acledabank.com.kh. THE ACCEPTANCE OF APPLICATION FORM DOES NOT IMPLY THAT THE APPLICANT WILL BE SHORT-LISTED OR EMPLOYED. ONLY QUALIFICATION AND TESTING OF JOB-RELATED KNOWLEDGE AND SKILLS MAY BE PRIORITIZED.

Note: This application is used for Clerk and Professional staff.

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 Bank before? Yes No. If yes, please specify the position and date that applied for

Have you ever worked for ACLEDA Bank? 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 Bank or Subsidiaries of 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** to 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 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) : 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 <small>(Province-City & Country)</small>	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
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

TRAINING / SHORT COURSES

Institution Name	Location <small>(Province-City & Country)</small>	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 certificate.

OTHER SKILLS

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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 certificate.

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

REFERENCES

List **two personal references** who are **parents, guardians or other relatives** that know you well.

1- **Name:** Mr/Ms..... **Relationship:**..... **Occupation**.....

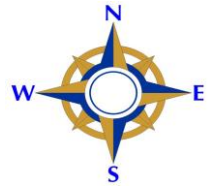
Address:..... **Phone (☎):**.....

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.
- Sample application is available at www.acledabank.com.kh.

FOR OFFICE USE ONLY

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

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