

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 Cashier, Location Anlong Veng, Salary Desired \$ 220 /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 VEASNA PISEY FULL NAME (IN KHMER) វ៉ាសនា ពិសី NICKNAME POV

Date of Birth 15-Aug-1987, Place of Birth Takmao City Kandal Province, Race Khmer, Nationality Khmer

Height 160 cm, Weight 50 kg, Personal Phone Number ☎ : 015 800 360

Education Bachelor Major Marketing Institution Name NUM

Marital Status: Single Married Divorced Widow(er), # of Children.....

Spouse's Name..... Occupation..... Company Name..... Phone Number ☎ :

Father's Name VEASNA PHEAKDEY Alive Dead, Year of Birth 1945 Occupation Sale Beverage

Mother's Name SREY LEAKHENA Alive Dead, Year of Birth 1961 Occupation Sale Beverage

Parents' Phone Number ☎ : (Father) 023 994 540 ☎ : (Mother) None

Permanent Address (base on Family or Residence Book) : N° 825B Street 508 Group 32 Village 5

Commune Phsardocumthkov District-City Chamkarmorn Province/Capital Phnom Penh

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 (Province-City & Country)	Year Attended		Field of Study	Degree/ Diploma	Certificate	
		From	To			<input type="checkbox"/> Yes	<input type="checkbox"/> No
NUM	Phnom Penh	2004	2008	Marketing	Bachelor	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Baktouk High School	Phnom Penh	2001	2004	General Knowledge	Bac II	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Baktouk High School	Phnom Penh	1998	2001	General Knowledge	Bac I	<input checked="" 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 (Province-City & Country)	Duration	Course Title	Certificate	
YVO	Phnom Penh	3 Months	Accounting	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CICI	Phnom Penh	3 Months	Ms. Word & Excel	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
NCS	Phnom Penh	3 Months	Marketing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
CIVO	Phnom Penh	3 Months	Public Administration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attached with one copy of each certificate.

OTHER SKILLS

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
English				✓				✓				✓				✓
Chinese			✓				✓				✓				✓	
Japanese			✓				✓				✓				✓	

INTERNSHIPS

Company Name	Topic	Duration	Certificate	
ABC Group	Accounting	6 Months	<input checked="" 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:** P PLUS TRADING Co., Ltd. Type of Business: Import Export (food and beverage) Phone (☎) 069 600 093
Address: Toek Thla Commune, Sen Sok District, Phnom Penh Capital E-mail: Info@pplustrading.com
Current or Last Job Title: Accountant Supervisor Name: Sok Chenda Phone (☎) None
Date of Employment: From 01/04/14 To 30/09/15 Wage/Salary: Starting \$100 Ending \$150
Description of Job Responsibilities : Make Payment, Deposit, Control Stock, Data Entry
Reason for Leaving: I want to change experience
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

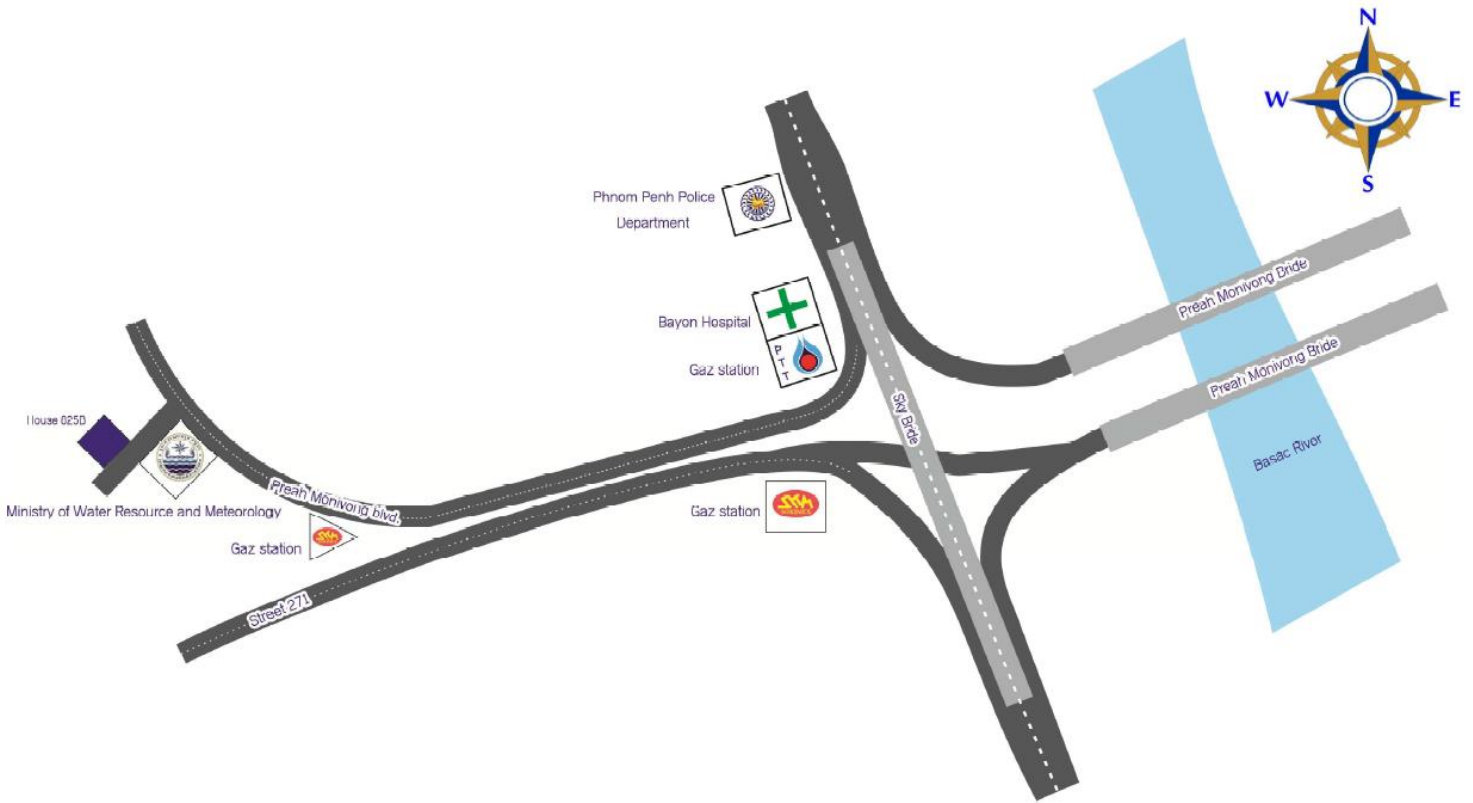
REFERENCES

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

1- Name: Mr/Ms. VEASNA PHEAKDEY Relationship: Father Occupation: Sale Beverage
Address: St. 508 Phsardoeumthkov Commune, Chamkarmorn District, Phnom Penh Phone (☎) 023 994 540
2- Name: Mr/Ms. SREY LEAKHENA Relationship: Mother Occupation: Sale Beverage
Address: St. 508 Phsardoeumthkov Commune, Chamkarmorn District, Phnom Penh Phone (☎) None

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

ថ្ងៃទី០១ ខែមករា ឆ្នាំ២០២១

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.....

បញ្ជីរាយនាមឯកសារដែលប្រគល់ជូន



ធនាគារ អេស៊ីលីដា ភីអិលស៊ី



ល.រ	ឈ្មោះឯកសារ (សូមគូសបញ្ជាក់ <input checked="" type="checkbox"/> បានប្រគល់ <input checked="" type="checkbox"/> មិនបានប្រគល់)
០១	<input type="checkbox"/> ពាក្យសុំបម្រើការងារ
០២	<input type="checkbox"/> សេចក្តីប្រកាសសាច់ញាតិផ្ទាល់ <input type="checkbox"/> ID សាច់ញាតិ
០៣	<input type="checkbox"/> Cover Letter
០៤	<input type="checkbox"/> ប្រវត្តិរូបសង្ខេប (CV) ជាភាសាអង់គ្លេស
០៥	<input type="checkbox"/> សៀវភៅគ្រួសារ <input type="checkbox"/> សៀវភៅស្ថានភាព <input type="checkbox"/> លិខិតបញ្ជាក់ទីលំនៅ <input type="checkbox"/>
០៦	<input type="checkbox"/> អត្តសញ្ញាណប័ណ្ណសញ្ជាតិខ្មែរ <input type="checkbox"/> សេចក្តីបញ្ជាក់សំបុត្រកំណើត
០៧	<input type="checkbox"/> សេចក្តីបញ្ជាក់សំបុត្រអាពាហ៍ពិពាហ៍ <input type="checkbox"/> សេចក្តីបញ្ជាក់សំបុត្រកំណើតកូន
០៨	<input type="checkbox"/> លិខិតបញ្ជាក់ពីអាជ្ញាធរ (ករណីមានការកែតម្រូវ)
០៩	សញ្ញាបត្រ វិញ្ញាបនបត្រ ឬលិខិតបញ្ជាក់ ÷
	ក- អនុបណ្ឌិត: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ
	ខ- បរិញ្ញាបត្រ: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ
	គ- បរិញ្ញាបត្ររង: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> លិខិតបញ្ជាក់ <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ
	ឃ- លិខិតបញ្ជាក់ការសិក្សា: <input type="checkbox"/> ឆ្នាំមូលដ្ឋាន <input type="checkbox"/>
	ង- ទុតិយភូមិ: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> បណ្តោះអាសន្ន <input type="checkbox"/> ព្រឹត្តិបត្រពិន្ទុ
	ច- បញ្ចប់ការសិក្សាថ្នាក់ទី១២: <input type="checkbox"/> ពិតប្រាកដ <input type="checkbox"/> លិខិតបញ្ជាក់
	ដ- បឋមភូមិ: <input type="checkbox"/> បណ្តោះអាសន្ន
	ឆ- ផ្សេងៗ: <input type="checkbox"/>
១០	វិញ្ញាបនបត្របញ្ជាក់ការសិក្សាភ្នាក់ងារ - Ms. Word, Excel & Power Point
១១	ឯកសារផ្សេងៗ ÷

ធ្វើនៅ ភ្នំពេញ ថ្ងៃទី ០១ ខែ មករា ឆ្នាំ ២០២១

ហត្ថលេខាបេក្ខជន

Handwritten signature

ឈ្មោះ: វ៉ាសនា ឧត្តម