



ធនាគារ អេស៊ីប៊ីដា ភីអិលស៊ី

ACLEDA Bank Plc.

EMPLOYMENT APPLICATION FORM

**Photo
4 x 6**

**(No later than
02 months)**

ACLEDA BANK PLC. IS A CAMBODIAN'S LEADING COMMERCIAL BANK PROVIDING SUPERIOR FINANCIAL SERVICES TO ALL SEGMENTS OF THE COMMUNITY. ACLEDA BANK ALSO PROVIDES AN EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS. THEY WILL BE CONSIDERED FOR CURRENT OPEN POSITIONS WITHOUT DISCRIMINATION ON RACE, RELIGION, COLOR, SEX, OR NATIONAL ORIGIN. THIS APPLICATION WILL BE GIVEN FREE OF CHARGE AT HEADQUARTERS, BRANCHES OF ACLEDA BANK PLC., OR CAN BE DOWNLOADED FROM WEBSITE: www.acledabank.com.kh
NOTE: THE ACCEPTANCE OF THE APPLICATION FORM DOES NOT IMPLY THAT THE APPLICANT WILL BE SHORT-LISTED OR EMPLOYED. ONLY QUALIFIED AND GOOD MORALITY CANDIDATES ARE NOTIFIED AND PRIORITIZED TO EMPLOYMENT.

BASIC INFORMATION	POSITION		LOCATION		Salary Desired \$/M		
	Could you go anywhere beside the above location? <input type="checkbox"/> No Choice <input type="checkbox"/> Everywhere <input type="checkbox"/> Somewhere,						
	Have you ever submitted an application to ACLEDA bank before? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please write position and date that applied for:						
	Have you ever employed with ACLEDA bank before? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please write position and date that resigned:						
	What kind of vehicles can you drive? <input type="checkbox"/> Motor <input type="checkbox"/> Car. Please specific your driving license : <input type="checkbox"/> Motor <input type="checkbox"/> Car						
	Have you got any close relatives (son, daughter, adoptee, sibling, father or mother) working for ACLEDA bank? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please write in:						
	Name		Position		Location		Relationship

	Have you got any close relatives (son, daughter, adoptee, sibling, father or mother) applying to ACLEDA bank? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please write in:						
Name		Position		Location		Relationship	
.....		
.....		

PERSONAL INFORMATION	FULL NAME			NAME IN KHMER			NICKNAME		
	Date of Birth.....			Place of Birth.....			Race....., Nationality.....		
	Height..... cm,			Weight.....kg,			Personal Phone Number ☎ :		
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er), # of Children.....								
	Spouse's Name.....			Year of Birth.....			Occupation.....		
	Education			Major			Institution Name		
	Father's Name.....			<input type="checkbox"/> Alive <input type="checkbox"/> Dead, Year of Birth.....			Occupation.....		
	Mother's Name.....			<input type="checkbox"/> Alive <input type="checkbox"/> Dead, Year of Birth.....			Occupation.....		
	Parent's Phone Number ☎ : (Father).....			☎ : (Mother).....					
	National ID Number.....			Issuance Date.....			(Attached with one copy)		
	Family or Residence Book N ^o			Issuance Date.....			(Attached with one copy)		
	Permanent Address : (Followed by family or residence book)								
								
	Home Owner: <input type="checkbox"/> Own House <input type="checkbox"/> Parent's House <input type="checkbox"/> Parent-in-Law's House <input type="checkbox"/> Rental House <input type="checkbox"/> Guardian's House								

EDUCATIONAL INFORMATION

EDUCATIONAL BACKGROUND

Start with the higher to lower education (from the most current university to high school and secondary school)

Institution Name	Location (Province-City & Country)	Year		Major	Degree	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
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attached with one copy of certificates and study records with certified by municipal or provincial authority.

SHORT / TRAINING COURSES

Institution Name	Location (Province-City & Country)	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
				<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.

LANGUAGES SKILL

Foreign 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																
.....																
.....																
.....																

INTERNSHIP

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 internship certificate.

EMPLOYMENT EXPERIENCE

*Start with (1) present to (2) previous job. If you do not have any experiences, please tick in this box: **None***

1	Employer Name	Starting Work	Company Name
Company Address:		From	To
.....	
Company or Employer Phone Number ☎ :		Your Salary	
.....		Starting	Final
Your Position		\$.....	\$.....
Have you resigned from this company? <input type="checkbox"/> Yes, <input type="checkbox"/> No.			Your Job Responsibilities
Please give the reasons of leaving.....			

2	Employer Name	Starting Work	Company Name
Company Address:		From	To
.....	
Company or Employer Phone Number ☎ :		Your Salary	
.....		Starting	Final
Your Position		\$.....	\$.....
Have you resigned from this company? <input type="checkbox"/> Yes, <input type="checkbox"/> No.			Your Job Responsibilities
Please give the reasons of leaving.....			

References: *(Can be parents, guardians or other relatives, but do not fraud with thumbprint)*

1. I am Mr./Ms....., theof the person concerned, Occupation:.....

2. I am Mr./Ms....., theof the person concerned, Occupation:.....

*I/We certify and guarantee that the candidate named.....is really a man/woman who has
 Good, Bad behaviour and Never, Ever been charged with crimes or other violations.*

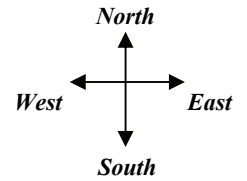
To prove this true statement, we could make right thumbprint on it as the evidence.

References Phone Number(☎) or Address :

Name.....

Name.....

Permanent Residence Map Drawing (followed by address in family or residence book)



I would like to declare that all information and documents that attached with application form are true, sufficient and legal, even though I am selected and employed, I would agree to terminate the employment contract with ACLEDA bank without any resistances.

Signature of Applicant Name _____ _____
Date

Note : *This application form and attached documents can not be returned.*

FOR OFFICE USE ONLY

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

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



ប្រវត្តិរបស់ខ្ញុំ

១. គោរពស្នាក់នៅ និងទីលំនៅ : ជម្រកស្រូវស្រែ..... ទូរស័ព្ទផ្ទាល់ខ្លួនលេខ.....
 ថ្ងៃ ខែ ឆ្នាំ កំណើត : កម្ពស់..... ស.ម. ទម្ងន់..... ត.ក្រ. ជនជាតិ..... សញ្ជាតិ..... សាសនា.....
 ទីកន្លែងកំណើត : ភូមិ..... ឃុំ/សង្កាត់..... ស្រុក/ខណ្ឌ/ក្រុង..... ខេត្ត/រាជធានី..... ។

២. ស្ថានភាពគ្រួសារ : នៅលីវ ប្រកាស លែងលះ មេម៉ាយ/ពោះម៉ាយ

៣. អាសយដ្ឋានអចិន្ត្រៃយ៍ (យកតាមសៀវភៅគ្រួសារ ឬស្នាក់នៅ) : ផ្ទះលេខ..... ផ្លូវលេខ..... ភូមិ..... ឃុំ/សង្កាត់.....
 ស្រុក/ខណ្ឌ/ក្រុង..... ខេត្ត/រាជធានី..... ។

៤. កម្រិតសិក្សា : ជំនាញ ឈ្មោះគ្រឹះស្ថានសិក្សា.....

៥. ចំណេះដឹងភាសាបរទេស :

៦. មុខរបរឬមុខងារបច្ចុប្បន្ន : ឈ្មោះក្រុមហ៊ុន
 អាសយដ្ឋានក្រុមហ៊ុន :

៧. តើលោក/អ្នកមានសាច់ប្រាក់ចំណូល (កូនបង្កើត, កូនស្តី, បងប្អូនបង្កើត ឬឪពុក-ម្តាយបង្កើត) កំពុងបម្រើការងារនៅក្នុងធនាគារអេស៊ីលីម៉ា ភីអិលស៊ី ដែរឬទេ ?
 មាន មិនមាន ប្រសិនបើមានសូមបញ្ជាក់ :
 ឈ្មោះ..... មុខងារបច្ចុប្បន្ន..... កន្លែងបម្រើការងារ..... ត្រូវជា.....
 ឈ្មោះ..... មុខងារបច្ចុប្បន្ន..... កន្លែងបម្រើការងារ..... ត្រូវជា.....

៨. តើលោក/អ្នកមានសាច់ប្រាក់ចំណូល (កូនបង្កើត, កូនស្តី, បងប្អូនបង្កើត ឬឪពុក-ម្តាយបង្កើត) កំពុងដាក់ពាក្យសុំបម្រើការងារនៅធនាគារអេស៊ីលីម៉ា ភីអិលស៊ី ដែរឬទេ ?
 មាន មិនមាន ប្រសិនបើមានសូមបញ្ជាក់ :
 ឈ្មោះ..... មុខងារស្នើសុំ..... កន្លែងស្នើសុំ..... ត្រូវជា.....
 ឈ្មោះ..... មុខងារស្នើសុំ..... កន្លែងស្នើសុំ..... ត្រូវជា.....

៩. ប្តីឬប្រពន្ធឈ្មោះ : ថ្ងៃ ខែ ឆ្នាំ កំណើត....., ជនជាតិ....., សញ្ជាតិ....., សាសនា.....
 - ទីកន្លែងកំណើត : ទូរស័ព្ទលេខ ២
 - អាសយដ្ឋានអចិន្ត្រៃយ៍ :
 - មុខរបរ ឬមុខងារបច្ចុប្បន្ន : ឈ្មោះក្រុមហ៊ុន :
 - ចំនួនកូន : នាក់ "សូមបញ្ជាក់អំពីឈ្មោះ, ភេទ, ថ្ងៃខែឆ្នាំកំណើត និងមុខរបរសព្វថ្ងៃរបស់កូនលោក/អ្នកនៅខាងក្រោម"
 ១_ ឈ្មោះ..... ភេទ....., ថ្ងៃខែឆ្នាំកំណើត....., មុខរបរ.....
 ២_ ឈ្មោះ..... ភេទ....., ថ្ងៃខែឆ្នាំកំណើត....., មុខរបរ.....
 ៣_ ឈ្មោះ..... ភេទ....., ថ្ងៃខែឆ្នាំកំណើត....., មុខរបរ.....

១០. ឪពុកបង្កើតឈ្មោះ : អាយុ ឆ្នាំ (រស់ ឬ ស្លាប់). មុខរបរបច្ចុប្បន្ន
 ម្តាយបង្កើតឈ្មោះ : អាយុ ឆ្នាំ (រស់ ឬ ស្លាប់). មុខរបរបច្ចុប្បន្ន
 - អាសយដ្ឋានអចិន្ត្រៃយ៍ :

ខ្ញុំ/នាងខ្ញុំ សូមសន្យាថា រាល់សេចក្តីរាយការណ៍ក្នុងប្រវត្តិរបស់ខ្ញុំខាងលើនេះ សុទ្ធតែជាព័ត៌មានពិតប្រាកដទាំងអស់ ។ ករណីមិនពិត ទោះជាស្ថិតនៅក្នុង ដំណាក់កាលណាក៏ដោយ ក៏ខ្ញុំ/នាងខ្ញុំ យល់ព្រមឱ្យធនាគារអេស៊ីលីម៉ា ភីអិលស៊ី បញ្ឈប់ការធ្វើវិសោធនកម្ម (ធាន) ឬកិច្ចសន្យាការងារដោយធានាលក្ខខណ្ឌ ។

ធ្វើនៅថ្ងៃទី..... ខែ..... ឆ្នាំ.....
 ហត្ថលេខា និងឈ្មោះអេស៊ីលីម៉ា

ទម្រង់នេះប្រើសម្រាប់បេក្ខជន_បេក្ខនារីខាងក្រៅតែប៉ុណ្ណោះ

ឈ្មោះ :

