

Application Form

Picture

Date :

Position :

PERSONAL INFORMATION

1. Title : Mr. Ms. Mrs. Dr.

2. First Name : _____ Middle Name : _____ Last Name : _____

3. Thai ID or Passport No : _____ 4. Gender : Male Female 5. Age : _____

6. Birthdate (DD/MM/YYYY) : _____ 7. Nationality : _____ 8. Religion : _____

9. Email Address : _____ 10. Phone Number : _____

11. TOEIC Score : _____ 12. Teaching License (Teachers only) :
Five Year Thai Teaching License
Two Year Thai Teaching License
Foreign Teaching License
None

Minimum TOEIC scores:

a. English teaching: 900

b. Normal teaching: 800

c. Thai studies teaching/TA/Staff: 600

13. Marital status : Single Married Widowed Separated Divorced

14. Do you have any children? None 1 2 3 4

15. Are you currently in Thailand?
Yes, I am.
No, I am not. I am in _____

16. Address :

17. Emergency Contact : _____

18. Relationship : _____ 19. Phone Number : _____

LANGUAGE

Language Ability	Native	Level	Level Description
1. English	Yes No		Basic: Can express basic needs and understand common phrases.
2.	Yes No		Intermediate: Communicates confidently on various topics, with expanded vocabulary.
3.	Yes No		Advanced: Speaks fluently and comprehends complex texts effortlessly.
4.	Yes No		Expert: Demonstrates native-like fluency and mastery, particularly in specialized fields.

EDUCATION

BACHELOR DEGREES

1. Name of Education Institution : _____ Country : _____

Faculty : _____ Major : _____

Start Date : _____ End Date : _____ Is it SDA institution? Yes No

2. Name of Education Institution : _____ Country : _____
Faculty : _____ Major : _____
Start Date : _____ End Date: _____ Is it SDA institution? Yes No

MASTER DEGREES

1. Name of Education Institution : _____ Country : _____
Faculty : _____ Major : _____
Start Date : _____ End Date: _____ Is it SDA institution? Yes No

2. Name of Education Institution : _____ Country : _____
Faculty : _____ Major : _____
Start Date : _____ End Date: _____ Is it SDA institution? Yes No

DOCTORATE/PHD

1. Name of Education Institution : _____ Country : _____
Faculty : _____ Major : _____
Start Date : _____ End Date: _____ Is it SDA institution? Yes No

EXPERIENCE

1. Job Title : _____ Employer Name : _____
Supv. Name : _____ Supv. Email: _____
Start Date : _____ End Date: _____ Current Job : Yes No
Responsibilities : 1. _____
2. _____
3. _____
4. _____
5. _____

Reason for Leaving : _____

2. Job Title : _____ Employer Name : _____
Supv. Name : _____ Supv. Email: _____
Start Date : _____ End Date: _____ Current Job : Yes No
Responsibilities : 1. _____
2. _____
3. _____
4. _____
5. _____

Reason for Leaving : _____

3. Job Title : _____ Employer Name : _____
Supv. Name : _____ Supv. Email: _____
Start Date : _____ End Date: _____ Current Job : Yes No
Responsibilities : 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
Reason for Leaving : _____

APPLICATION QUESTIONS

1. Do any of your relatives or friends work for EIS?

Yes
No

2. How did you hear about this job opportunity?

School Website
Social Media
Job Fairs
Employee referral

3. Are you interested in positions other than the one you have applied for?

Yes, I am interested in: _____
No

I certify that all information provided is correct and true. I give consent to the school to terminate if the information is false if I am employed by the school in the future.

I certify

I do not certify



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