Application for administrative secretary position (ATRANS authorized person use only)

Application No	
(ATRANS authorized person use only)	

Name: (First name)	(La	ast name)	
Date of birth:	Place of birth:		
Father's name:	Mother's n	ame:	
Contact address:			
Tel:			
E-mail:			
Personal Identification Number: _			
Date of issue:	Place of issue	:	
		Days/hours avai	lable to work:
Position applied for (1)		No preference	
Salary desired (2)(be spec	Baht/month	Mon through Fri _	
(be spec	(be specific)		
How many hours can you work we	eekly?	Can you work nigh	nts?
Employment desired: Full to	time onlyP	art time only	Full-or-part-time
When are you available for work?			
Education			
Name of highschool&university	Location	Year completed	Major & Degree

List job-related licerises.			
Skills:			
Training:			
Honors & awards:			
Special accomplishments:			
General Questions:			
What is your mode of transpor	tation to work?		
Do you have a driver's license	? Yes	N	0
Do you drive a car?	Yes	N	0
Have you had any car accident	s during the past two ye	ears? If so, how ma	any?
Have you had any moving viola	ations during the past tw	vo years? If so, how	v many?
Have you ever been in the milit	ary services?	_YesN	0
Have you ever been convicted	of a crime? No	oYes (specify)
Have you ever been addicted to	o any drug? N	oYes (specify	<i>(</i>)
•	o any drug? N t your work experiences b	oYes (specify	esent job to the last one sary.
Have you ever been addicted to Employment history: Please list If you were self-employed, give the	t your work experiences be firm name. Attach addit	eginning with your pritional sheets if necess	esent job to the last one sary. Pay or Salary receive
Have you ever been addicted to Employment history: Please lis If you were self-employed, give that ame of employer:	t your work experiences be firm name. Attach addit	oYes (specify neginning with your pr tional sheets if necess	esent job to the last one sary. Pay or Salary receive Start
Have you ever been addicted to Employment history: Please lis If you were self-employed, give that ame of employer:	t your work experiences be firm name. Attach addit	oYes (specify beginning with your protional sheets if necess Employment date From To	esent job to the last one sary. Pay or Salary receive Start
Have you ever been addicted to Employment history: Please lis If you were self-employed, give that ame of employer:	t your work experiences be the firm name. Attach additional Name of present supervisor	oYes (specify beginning with your protional sheets if necess Employment date From To	esent job to the last one sary. Pay or Salary receive Start
Have you ever been addicted to Employment history: Please lis If you were self-employed, give the ame of employer: ddress:	t your work experiences be ne firm name. Attach addit Name of present supervisor Your current job tie	oYes (specify reginning with your protional sheets if necess to Employment date From Totle:	esent job to the last one sary. Pay or Salary receive Start Final
Have you ever been addicted to Employment history: Please lis If you were self-employed, give the ame of employer: ddress:	t your work experiences be ne firm name. Attach addit Name of present supervisor Your current job tie	oYes (specify reginning with your protional sheets if necess to Employment date From Totle:	esent job to the last one sary. Pay or Salary receive Start Final
Have you ever been addicted to Employment history: Please lis If you were self-employed, give the ame of employer: ddress:	t your work experiences be firm name. Attach addit Name of present supervisor Your current job tie	oYes (specify reginning with your protional sheets if necess the management date from the control of the control o	esent job to the last one sary. Pay or Salary receive Start Final

Name of employer:	Name of last supervisor	Employment date	Pay or Salary received
Address:		From	Start
		То	Final
	Your last job title		
Tel: Fax:			
Reason for leaving (be specific)			
Duties performed while working at this cor	mpany		
Name of employer:	Name of last supervisor	Employment date	Pay or Salary received
Address:		From	Start
		То	Final
	Your last job title	<u> </u>	<u> </u>
Tel: Fax:			
Reason for leaving (be specific)			
Duties performed while working at this cor	mnany		
	прапу		

May we contact your present employer?	?Yes	No
REFERENCES: (Exclude relatives and for	rmer employers)	
Name/Title	Address and Phone No.	Occupation
1		
		_
		- -
2		
		_
		_
3		
		_
		_
		_
CERTIFY THAT THE INFORMATION CO COMPLETE TO THE BEST OF MY KNOW NFORMATION ON THIS APPLICATION N	VLEDGE AND UNDERSTA	ND THAT ANY FALSE
NAME		

Ready application shall be sent to Dr. Tuenjai Fukuda, Asian Transportation Research Society, 902/1 9th Floor, Glas Haus Building, Soi Sukhumvit 25, Klong-toey-nua, wattana, Bangkok 10900 or scan it and send to Dr. Tuenjai Fukuda at noynoifukuda99@gmail.com and noynoi@atransociety.com.