

Application Form for Thai Cultural Student Exchange Program 2017-2018 Wat Phrathat Doi Suthep USA, California, USA

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Name/Surname (in English):	
Name/Surname (in Thai):	
Position Applied for:	
O Thai teaching O Thai and Lanna	Music O Performing Arts
Personal Information:	
Present Address: Moo	Road
District Amphur	Province
Post code	
Telephone Number: ()	Cell Phone
Email Address:	
Facebook:	
Date of birth: Age:	Yrs. Race
Nationality	Religion
Identity card no.	Expiration date
Military status O Exempted O Serve	d O Not yet served
Sex O Male O Femal	e
Faculty:	Student code:
Major / Intended Major:	Year
GPA:GPA (in Englis	h courses)
Family Information:	
Father's name/surname	
Age Occupation	Tel
Mother's name/surname	
Age Occupation	
Number of Members in the family	Iviale Female

High school Bachelor's degree Others Working Experience in Chronological: Company Time From To Position Job descript Language Ability: Language Speaking Good Fair Poor Good Fair Poor Good Fair Thai English Other Diriving: ONO Yes Computer: ONO Yes (Please Mention) Driving: ONO Yes Office Maching: Interests: Favorite Sport: Special knowledge: Person to be notified in case of emergency Related to the applicants as	n To	From	PA (in aglish ourse)	En	Major		Institution		Education Level	
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Thai English Other	Reading				Writing			peaking	S	Language
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Other Special Ability: Typing: O No O Yes Computer: O No O Yes (Please Mention) Driving: O No O Yes Office Maching: Interests: Favorite Sport: Special knowledge: Person to be notified in case of emergency Related to the applicants as										Thai
Special Ability: Typing: O No O Yes Computer: O No O Yes (Please Mention) Driving: O No O Yes Office Maching: Interests: Favorite Sport: Special knowledge: Person to be notified in case of emergency Related to the applicants as										English
Typing: O No O Yes Computer: O No O Yes (Please Mention) Driving: O No O Yes Office Maching: Interests: Favorite Sport: Special knowledge: Person to be notified in case of emergency Related to the applicants as										Other
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Favorite Sport: Special knowledge: Person to be notified in case of emergency									ing:	Office Mach
Special knowledge: Person to be notified in case of emergency										Interests:
Person to be notified in case of emergency									ort:	Favorite Spo
Person to be notified in case of emergency									vledge:	Special know
Person to be notified in case of emergency										
Address										
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List names, addresses, telephone numbers and occupations of 2 reference who know you			
Please give the reasons to apply this program			
I certify all statements given in this application form are true. If ar found to be untrue after engagement, the committees has a right to terminate application without any compensation or severance pay what so ever.			
(Applicant's signature)			
(Applicant's signature)			