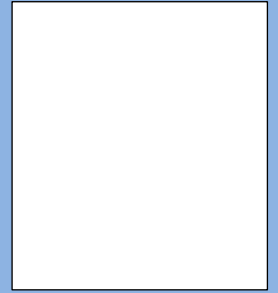




Job Application Form

Complete in full and forward application to Hampton International Pre-School in Thailand:

- Hampton International Pre-School, Sathorn
(Email: Sathorn@hamptonschool.ac.th)
- Hampton International Pre-School, Chaengwattana
(Email: Chaengwattana@hamptonschool.ac.th)



If you have ever been charged and convicted of a child related offence anywhere, you will not be eligible to work for Hampton. Hampton is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. To be considered for employment at a Hampton per employment background checks are mandatory.

Position Applied For		
Name		D.O.B. :
Nationality		Passport/ID No:
Home Address in Thailand		
	Telephone	

Marital Status		
No. of Dependents/ age		
Emergency contact	Relationship:	Tel:

Qualifications		
Institution	Award	Dates

Employment History			
Institution	Position	Dates of Employment	Reasons for Leaving

General Questions	
Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If employed, specify the school or company	
Available start date	
Teacher Only: Number of year of full-time teaching completed	
Have you ever been charged and/or convicted with a criminal offence?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)
Other Language	
Computer skill	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Photo shop <input type="checkbox"/> Publisher <input type="checkbox"/> Other

Job Application Form

References - Provide 3 professional references that we can contact			
1	Name:	Role/Title:	School or Company:
	Telephone:	Email:	
2	Name:	Role/Title:	School or Company:
	Telephone:	Email:	
3	Name:	Role/Title:	School or Company:
	Telephone:	Email:	
Current VISA and Work Permit holding Status for foreign teacher			
Current VISA type:		VISA expired date:	
Company/School name:		Contact person & Tel. No.	
WORK PERMIT:		Work Permit expired date:	
Company/School name:		Contact person & Tel. No.	
Salary and Allowance			
To assist in understanding your salary expectation, provide details of your remuneration from your current or most recent employer.		Base Monthly Salary: Allowance: Other Benefit:	
Expectation of Salary Baht per month			

I hereby authorize Hampton International Pre-school or other authorized 3rd party, to conduct any necessary background checks or obtain references to determine my suitability for employment.

I authorize any persons contacted by Hampton or other authorized 3rd party to provide any relevant information regarding my qualifications, employment history and background, and I release all such persons from any and all claims for providing such information. I authorize Hampton to share my resume, application and related documents with its affiliated organisations.

I understand that nothing contained in this application or conveyed during any interview, is intended to create an employment contract or constitute any promise for employment. I understand that if employed, I will be required to provide satisfactory proof of identity and supporting documents. Background checks, including but not limited to police and criminal check, child protection or working with children check, financial and credit check, and others, may be undertaken by Hampton or authorized 3rd party. I understand that any misrepresentation or omission of facts or failure to provide the necessary supporting documentary proof may result in rejection of this application; or if hired, result in immediate termination of employment.

- I have read and fully understand this employment application, and I seek employment under these conditions.
- I have attached a resume in support of my application

*Please complete the Application Form and send along with your up to date CV, recent photo, cover letter and email contacts for three referees to the school's email

Signed	Date	
Name		
School Office		
School Office Only	Date Receive:	Forward to:

Job Application Form

HEALTH FORM

Name: _____
Last Name First Name

Emergency Contact: _____
Name Relationship Mobile phone

Medical History

1. Are you taking any regular medication
 Yes No If yes, please give name of drug, dose, and reason for medication

2. Do you have any special dietary requirement (e.g. vegetarian, no beef, ect.)
 Yes No If yes, please give details _____
3. Asthma Yes No If yes, please explain to what degree you have asthma

Plan for care _____

Medicines _____

4. Please explain if you have any of the following
 Diabetes Hypertension Heart disease
 Stress requiring medications Bi -polar or schizophrenia Hepatitis A,B, or C
 Chronic fatigue/related Other, please give details _____

5. Physical Handicaps _____

6. Special Emotional Needs Requiring Medication _____

7. Do you suffer from any known Yes No
- | | |
|---|----------------|
| <input type="radio"/> Medicines _____ | Reaction _____ |
| <input type="radio"/> Foods _____ | Reaction _____ |
| <input type="radio"/> Pollens or flowers _____ | Reaction _____ |
| <input type="radio"/> Insect bites or animals _____ | Reaction _____ |
| <input type="radio"/> Other _____ | Reaction _____ |

8. Are you immunisations up to date? Yes No
- | | |
|--|--|
| <input type="radio"/> Hepatitis A (all boosters) _____ | <input type="radio"/> Hepatitis B (all boosters) _____ |
| <input type="radio"/> Typhoid _____ | <input type="radio"/> Tetanus (DPT) _____ |
| <input type="radio"/> Measles (MMR) _____ | <input type="radio"/> Hemophilus B (HIB) _____ |
| <input type="radio"/> Chicken Pox _____ | <input type="radio"/> H1N1 _____ |
| <input type="radio"/> Influenza _____ | <input type="radio"/> Polio (all boosters) |

9. Do you smoke Yes No

.....

.....

Signature

Day/Month/Year