



# Ramkhamhaeng Advent International School

1 Soi Ramkhamhaeng 119, Sukhapibal 3 Road, Huamark, Bangkok, Bangkok 10240 Thailand  
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No. \_\_\_\_\_

## TEACHER APPLICATION FORM

Date Applied: \_\_\_\_\_  
Position Applied: \_\_\_\_\_  
Expected Salary: \_\_\_\_\_



### Applicant Personal Details

1. Full Name: \_\_\_\_\_ Gender: ( ) Male ( ) Female
2. Mobile Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_
3. Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Religion: \_\_\_\_\_
4. Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Widowed ( ) Divorced
5. Nationality (at Birth): \_\_\_\_\_ Present Citizenship/s: \_\_\_\_\_
6. Passport No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. Visa Type: \_\_\_\_\_ Visa No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_
8. Thai Work Permit: ( ) Yes ( ) No Expiration Date: \_\_\_\_\_
9. Home Country Address: \_\_\_\_\_  
\_\_\_\_\_
- Contact Number: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_
10. Thailand Home Address: \_\_\_\_\_  
\_\_\_\_\_

11. Do you have any dependants? ( ) Yes ( ) No If "Yes", please give the following information:

Name	Date of Birth	Relationship

### Knowledge of Languages

12. What is your Mother Tongue? \_\_\_\_\_  
Do you speak other languages? ( ) Yes ( ) No If "Yes", please mark "E" if easily or mark "N" if not easily:

Language	Speak	Write	Read	Understand

### Academic and Professional Qualifications

13. Details of Academic Qualifications – Most Recent First (Include under-graduate & post-graduate qualifications.)

Degree & Major Field	Awarding University, College or Institute	Attended (From – To)

**14. Details of Professional Qualifications** – Most Recent First (Include diploma, certificates, license, trainings obtained)

Title of Course/Training/License	Awarding University, College, Institute or Professional Body	Attended (From – To)

**Teaching and Other Relevant Employment History**

**15. Employment History** – Please provide details of your employment experience. Most recent first. (You may use extra sheet if needed.)

Year (from-to)	Name of Institution/Address	Position	Salary	Reason for Leaving

**16. Teaching Experience** – Please provide details of your teaching experience. Most recent first. (You may use extra sheet if needed.)

Subject Taught	Grade Level	Name of Institution	Year (from-to)	Years of Service

**17. Teaching Preferences** – Please indicate the teaching and/or curriculum areas that you are formally qualified to teach or have significant experience.

Preference	Teaching/Curriculum Area	Grade Level
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		

**18. Post(s) of Responsibility Held (If any)** – Please provide details of the extra co-curricular responsibilities that were assigned to you. Most recent first. (You may use extra sheet if needed.)

Position(s) Held	Responsibilities	School Name	Dates (From-To)

**19. Skills and Competencies** – Please provide details of any skill or competencies that you may possess, for example first aid accreditation, coaching accreditation, etc.

Skills and Competencies (Description)	Accrediting Body	Date Obtained

20. State in few sentences, your philosophy of education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. What is your favorite teaching style?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Personal and Identification Information**

22. **Criminal History:** Have you been arrested, indicted, or summoned into court as a defendant in criminal proceedings, or convicted, fined, or imprisoned for the violation or any law (excluding minor traffic violation)? ( )Yes ( )No If "Yes", give full particulars of each case on the attached statement.

\_\_\_\_\_  
\_\_\_\_\_

23. **Health History:** Do you have any disease? If "yes", please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

24. Do you ( ) smoke and/or ( ) drink? If there is aside from this, please indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. List any office equipment and machines you can use. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. Any concerns that you want to indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References**

27. List 3 persons, not related to you, who are familiar with your character and qualifications.

Full Name	Position	Full Address	Email Address	Phone Number

28. Is it alright with you if the school contacts your previous supervisors? ( )Yes ( )No

I certify that the statements made by me above in this applicant form are true, complete, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_