



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	

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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, etc.)

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

Medicines _____
 Foods _____
 Pollens or flowers _____
 Insect bites or animals _____
 Other _____

Reaction _____
Reaction _____
Reaction _____
Reaction _____
Reaction _____

8. Are you immunisations up to date? Yes No

Hepatitis A (all boosters) _____
 Typhoid _____
 Measles (MMR) _____
 Chicken Pox _____
 Influenza _____

Hepatitis B (all boosters) _____
 Tetanus (DPT) _____
 Hemophilus B (HIB) _____
 H1N1 _____
 Polio (all boosters) _____

9. Do you smoke Yes No

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Signature

Day/Month/Year