Application Form for Administrative Staff

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| **P**  **E**  **R**  **S**  **O**  **N**  **A**  **L**  **D**  **E**  **T**  **A**  **I**  **L**  **S** | **Full Name** | (in Vietnamese) | | | | | | | | | | | | | (Photo) | |
| (in English) Last First Middle | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Current Address** |  | | | | | **Home Phone** | | |  | | | | |
| **Email** |  | | | | | **Mobile Phone** | | |  | | | | |
| **Current Employer** |  | | | | | **Position** | | |  | | | | | | |
| **Current Employer’s Address** |  | | | | | **Business Phone** | | |  | | | | | | |
| **Date of Birth** | . . . (MM.DD.YY) | | | | | | | | | | | | | | |
| **E**  **D**  **U**  **C**  **A**  **T**  **I**  **O**  **N**  **A**  **L**  **B**  **A**  **C**  **K**  **G**  **R**  **O**  **U**  **N**  **D** | **University (Degree)** | | | | **Period of Attendance** | | **Major** | | | | | **GPA/**  **Perfect Score** | | **Date of Graduation**  **(MM.DD.YY)** | | |
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| **License** | **Title** | | **Date of Issue** | | **Issued by** | | | **Scholarship**  **&Award** | | | | **Title** | | | **Details** |
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| **W**  **O**  **R**  **K**  **E**  **X**  **P**  **E**  **R**  **I**  **E**  **N**  **C**  **E** | ※ Occupational Background: Please use your most recent job experience | | | | | | | | | | | | | | | |
| **Name of**  **Workplace** | |  | | | | | **Job Category** | | |  | | | | | |
| **Workplace Address** | |  | | | | | | | | | | | | | |
| **Period of Employment** | | From To | | | | | | | | | | | | | |
| **Experienced** | |  | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| **Final**  **Position** | |  | | | | | | | | | | | | | |
| **Reason for Leaving** | |  | | | | | | | | | | | | | |
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| May VKIST contact your current employer? Yes ( ) No ( ) | | | | | | | | | | | | | | | |
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| **I hereby certify that all the above information is true and correct to the best of my knowledge.**  **I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.**  On the Date of . . 2018  Applicant Name Signature | | | | | | | | | | | | | | | | |