



**The Healthcare Accreditation Institute (Public Organization)**

88/39 5th Floor, National Health Building, Ministry of Public Health Soi 6,  
 Tiwanon Rd., Talad Khwan Subdistrict, Mueang District,  
 Nonthaburi 11000, Thailand Tel: 02-027-8844 ext. 9310

**Application for Employment at the Institute**

**One 1-inch photo**  
 A recent front-facing photo (1 inch), taken within the past 6 months, without a hat or glasses

Please fill in all fields clearly in block letters or print. Applicant ID (HAI): .....

Position Applied For:..... Department/Division..... Date of Application:.....  
 Expected Salary:..... Available Start Date:.....  
 Title / Full Name (Thai): .....  
 Nickname (Thai / English):..... Title (Mr., Ms., Miss, Mrs., Other):.....  
 Full Name (English): ..... Date of Birth:.....  
 Age: ..... years National ID Number:..... Marital Status..... Number of Children.....  
 Current Address (for correspondence): ..... Postal Code: .....  
 Registered Address (as in ID card): ..... Postal Code: .....  
 E-mail ..... Phone Number: .....

**1. Educational Background**

| Level             | Institution | From (Year) | To (Year) | Field of Study | GPA   |
|-------------------|-------------|-------------|-----------|----------------|-------|
| Bachelor's Degree | .....       | .....       | .....     | .....          | ..... |
| Master's Degree   | .....       | .....       | .....     | .....          | ..... |
| Doctoral Degree   | .....       | .....       | .....     | .....          | ..... |
| Other: .....      | .....       | .....       | .....     | .....          | ..... |

**2. Work Experience**

| Company Name | Period (From – To) | Position | Salary | Reason for Leaving (required) |
|--------------|--------------------|----------|--------|-------------------------------|
| 1. ....      | .....              | .....    | .....  | .....                         |
| 2. ....      | .....              | .....    | .....  | .....                         |
| 3. ....      | .....              | .....    | .....  | .....                         |
| 4. ....      | .....              | .....    | .....  | .....                         |

**3. Foreign Language Proficiency**

| Language | Listening |      |      | Speaking |      |      | Writing |      |      | Other Special Skills<br><input type="checkbox"/> Driving (Car) <input type="checkbox"/> Driving (Motorcycle) <input type="checkbox"/> Computer Skills <input type="checkbox"/> Others (please specify)<br>.....<br>..... |
|----------|-----------|------|------|----------|------|------|---------|------|------|--|
|          | Poor      | Fair | Good | Poor     | Fair | Good | Poor    | Fair | Good |  |
| .....    |           |      |      |          |      |      |         |      |      |  |

**4. Ability to Conduct Online Meetings Zoom , Microsoft Teams , Other**

เช่น Presentation, Breakout Rooms File Sharing What level is yours?  Excellent  Good  Fair  Poor

**5. Ability to Conduct Online Meetings , Other**

|            |                                    |                               |                               |                                   |
|------------|------------------------------------|-------------------------------|-------------------------------|-----------------------------------|
| Word       | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Not Able |
| Excel      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Not Able |
| PowerPoint | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Not Able |
| Other..... | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Not Able |

**6. Typing Skills** Thai Typing Speed: ..... words per minute (WPM) English Typing Speed: ..... words per minute (WPM)

**Military Service**  Completed military service  Granted military exemption due to:.....  
 Completed Territorial Defense Training (Ror Dor) Year:.....  
 Exempted by drawing a black card  Awaiting conscription in month:..... year: .....

**7. References**

| Name | Phone | Organization / Company | Relationship |
|------|-------|------------------------|--------------|
|------|-------|------------------------|--------------|

|        |       |       |       |
|--------|-------|-------|-------|
| 1..... | ..... | ..... | ..... |
| 2..... | ..... | ..... | ..... |

**8. Other Supporting Information**

- 1. Have you ever been an officer of a public organization?  No  Yes, please specify the position...  
..... Organization.....
- 2. Are you acquainted with any staff member of the institute ?  No  Yes (Please specify the name):.....
- 3. Have you ever been convicted of a criminal offense?  No  Yes Please specify .....
- 4 How did you learn about this job opening?  HAI website  Job .....  Other.....

**9. Retention of Application Form and Supporting Documents**

If you are not selected for the position, how would you like the institute to handle your application?

I authorize the institute to retain my application.

The application and related documents will be retained for consideration in future recruitment processes for the same or other suitable positions, or for employment under project-based contracts.

The retention period is 1 year from the date of the announcement of the selection results.

Do not authorize

Please return my application to the address provided above (for postal applications).

Please destroy all documents immediately after the selection results are officially announced.

I hereby certify that all of the above information is true and accurate. If it is later found that any part of this information is false, misleading, or intentionally omitted, I agree to be immediately dismissed from employment with the institute. I further waive any right to receive salary, compensation, welfare benefits, or any other entitlements as determined by the institute’s regulations.

Signed: ..... Applicant  
(.....)

\*\*\* Modification of this application form is not permitted. It is the sole property of the Healthcare Accreditation Institute (HAI).\*\*\*