Application No. ..............

รูป 2 นิ้ว

Photo 2x2 inches in size

**THE CIVIL AVIATION AUTHORITY OF THAILAND (CAAT)**

**APPLICATION FOR EMPLOYMENT**

|  |  |
| --- | --- |
| **Position Applied for:** ………….…………………………………… **Expected Salary:** ……………………Baht/Month | |
| **1. Personal information**  Name: (Mr./Mrs./Miss)…………………..…………………………….  Middle Name:…………………………………………………  Last Name/Surname: …………………………………....  Date of Birth .........../.........................../..................  Age….......Nationality.................. Blood Type……. | Present Address:  .................................................................................  ................................................................................  .................................................................................  ................................................................................. |
| Contact Address: ………………….…………………………………………………………………………………………………………  .............................................................................................................................................................................  Tel. (Home).............................................................. (Office)..........................................................................  Fax. (Home).............................................................. (Office).........................................................................  Mobile. ……………..……............................................... E-mail ………………………………………………………………… | |
| Identification Card No. /Passport No. .………………………….......................................................................  ........................................................... ............................................................ .........................................  Issued at Date of Issue Date of Expiry | |
| **2. Family Information** | |
| Marital Status 🗌 Single 🗌 Married 🗌 Others............................................................ | |
| Father’s name -surname ..................................................Occupation…….................................................  Mother’s name - surname..................................................Occupation……................................................  Name of Spouse .............................................................Age................Occupation....................................  Workplace..........................................................................................................................................................  Number of Members in the family ..................... Male.................. Female............... | |

Application Form is a part of consideration, please fill this form completely

 (Please attach an additional page, if necessary)

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| **3. Education** | | | | | | | | | | | | | | | |
| **Educational Level** | | | **Institute/Country** | | | | | Year Graduated | | | | | Degree Obtained/Major | | |
| Bachelor Degree | | |  | | | | |  | | | | |  | | |
| Master Degree | | |  | | | | |  | | | | |  | | |
| Doctoral Degree | | |  | | | | |  | | | | |  | | |
| Others............................ | | |  | | | | |  | | | | |  | | |
| **Training courses/Seminar/ Study Visit**  Please indentify | | | | | | | | | | | | | | | |
| Course | | | | | Institute | | | | | | | Training Period | | | |
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| **4. Language Proficiency** (If available, please attach the certificate) | | | | | | | | | | | | | | | |
| Language | | Speaking | | | Reading | | Writing | | | Understanding | | | | | Indicate: |
| English | |  | | |  | |  | | |  | | | | | 🗌 Fair |
| Others ............. | |  | | |  | |  | | |  | | | | | 🗌 Good |
| ....................... | |  | | |  | |  | | |  | | | | | 🗌 Excellent |
| **5. Military Status** 🗆 Exempted 🗆 Served 🗆 Not yet served | | | | | | | | | | | | | | | |
| **6. Special Ability** (If available, please attach the certificate) | | | | | | | | | | | | | | | |
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| **7. Health Conditions** | | | | | | | | | | | | | | | |
| 🗌 Excellent  🗌 If you have underlying disease, please identify (Medical certificate required)  ................................................................................................................................................................................................  ............................................................................................................................................................................................... | | | | | | | | | | | | | | | |
| **8. Employment History** | | | | | | | | | | | | | | | |
| **From - To** | **Organisation** | | | | | **Last Position** | | | **Last Salary** | | | | | **Reason for Leaving** | |
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| **9. Distinguished work experience (If any, please specify details)** | | | | | | | | | | | | | | | |
| 9.1 Local Organisation (s)  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  ...................................................................................................................................................................................................  9.2 International Organisation (s)  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................  ................................................................................................................................................................................................. | | | | | | | | | | | | | | | |
| **10. References** | | | | | | | | | | | | | | | |
| Name – Surname | | | | Address / Tel. | | | | | | | Occupation | | | | |
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| **11. Answer the following questions** | | | | | | | | | | | | | | | |
| 11.1 Why are you interested in working with CAAT?  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................ | | | | | | | | | | | | | | | |
| 11.2 What would make you an ideal candidate for the position applied for?  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................ | | | | | | | | | | | | | | | |
| 11.3 What would you intend to do during the first six months of working with CAAT?  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................ | | | | | | | | | | | | | | | |
| 11.4 Other opinions  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  .................................................................................................................................................................................................  ................................................................................................................................................................................................  ................................................................................................................................................................................................. | | | | | | | | | | | | | | | |
| **12. Applicant’s Declaration** | | | | | | | | | | | | | | | |
| I hereby certify that the information I have given on this application form, as well as the confirmation of qualifications attached herewith, document and information submitted for the application are entirely correct, complete and true. Also, I am qualified in compliance with general qualifications, education backgrounds and specific qualifications required for the official of CAAT, according to the Notification of CAAT on Invitation of Applications as the Candidate for the official of CAAT. If it appears that any information or document submitted for the application is found to be untrue, false or obscure, I admit that my application be canceled or the employment contract be terminated. Also, such action can be charged with criminal offence as making a false statement to the authorities and will be prosecuted according to the law. Moreover, if CAAT sustains any damages incurred from my aforesaid action, I agree to indemnify CAAT against such damages in whole. I will accept the decision made by CAAT Board as a final judgment.  I also accept the reservation of the right to extend the period of this application invitation or to cancel it for the reapplication without taking any legal action or claiming for any damages or costs. | | | | | | | | | | | | | | | |

Applicant’s signature................................................................

(...............................................................)

Date.............../.................../..................

**Confirmation of Qualification**

I certify that I have all the qualifications required by the Subcommittee on the Recruitment and Selection of the Director General of Civil Aviation Authority of Thailand. If it later appears that I am not qualified in whole or in part and the information furnished is not true as confirmed. I agree to renounce my right to taking any legal actions or claiming for any damages or costs incurred from the application. Also, it can be deemed to be a cause for not selecting me or terminating my employment contract.

🗌 1. Aged not less than eighteen (18) years old on the application date;

🗌 2. Being capable of full-time working at the Civil Aviation Authority of Thailand;

🗌 3. Not being bankrupt;

🗌 4. Not being an incompetent person or a person of unsound mind or an imbecile and not being physical or mentally unfit to perform his/her duties and not having diseases, namely leprosy in the communicable stage or in the stage appearing to be offensive and socially objectionable, tuberculosis in the severe stage, elephantiasis symptoms found to be socially objectionable, and not being addicted to narcotics or illegal drugs and not being alcoholics;

🗌 5. Never having been imprisoned by final sentence of imprisonment, unless being sentenced for offences committed by negligence or petty offences;

🗌 6. Not being a government official, or employee of a government agency, State enterprise or other State agencies or local government agencies on the date of signing the employment contract;

🗌 7. Not being a board member, manager or person having the administrative or managerial power of a juristic person engaging in the business related to civil aviation in all aspects on the date of signing the employment contract;

🗌 8. Not being or having been a political official, a member of a local council or a local executive, a holder of an executive position or other positions in a political party or an officer of a political party;

🗌 9. Never having been discharged, dismissed or expulsed from government service, State agencies or State enterprises or from private entities due to malfeasance or gross misconduct.

🗌 10. Not being morally defective to the extent of being socially objectionable;

🗌 11. Not being a monk, nun, priest, or ascetic unless authorised by the supervising official to temporary obtain the status based on religious belief or customs.

I certify that the aforesaid information is entirely true.

Signature......................................................Applicant

(......................................................)

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AVIATION TOPICS DESCRIPTION





****We would like to know your view on Aviation Safety. In your own term, please answer the following questions. Use additional sheets of paper if required.

1. **Describe your working experience in The Civil Aviation Safety Management?**

1. **Based on your experience, would you be able to describe safety issues in Thailand**

**Civil Aviation System?**

1. **According to you, what is the key to the successful implementation of SMS? Describe.**