

**APPLICATION FOR TRAINEE**

1. **PERSONAL DATA**

Title: Master / Mr. / Miss / Mrs.

First Last

Name (English) (Thai) name (English) (Thai)

Present Registered

Address Address

Home Phone Mobile

Email Address Nick Name

Date of Birth \_ Age Nationality

Place of Birth Identification Card No.

Do you have a family’s business? No Yes

If yes Company’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of business : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EDUCATION – QUALIFICATION – COURSES**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Attended** | | **Graduated** | |  |  |  |
| **Level** | | **Name of Institute** | **Fr** | **To** | **Yes** | **No** | **Degree** | Major | **G.P.A.** |
|  | |  | **Mo Yr** | **Mo Yr** |  |  |  | **Subject** |  |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |

Typing skill (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

English No Yes Words per minute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thai No Yes Words per minute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other special skills or qualifications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For Trainees with an accounting background.

Please summary accounting subjects, which you have already passed.

1. 4.

2. 5.

3. 6.

Please sequence your capability in accounting subject from 1to5 (1 = Excellence, 2 = Very good, 3 = Good, 4 = Fair, 5 = Poor)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| Assets |  |  |  |  |  |
| Liabilities |  |  |  |  |  |
| Equity |  |  |  |  |  |
| Costing |  |  |  |  |  |
| Consolidation |  |  |  |  |  |
| Tax accounting |  |  |  |  |  |
| Auditing |  |  |  |  |  |
| Accounting Information System |  |  |  |  |  |
| Internal Audit |  |  |  |  |  |
| Other (if any) |  |  |  |  |  |

1. **LANGUAGES (List Foreign Languages Only)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Foreign Languages** | **Understanding** | | | **Speaking** | | | **Reading** | | | **Writing** | | |
|  | **Good** | **Fair** | **Poor** | **Good** | **Fair** | **Poor** | **Good** | **Fair** | **Poor** | **Good** | **Fair** | **Poor** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

How did you come to know of Baker Tilly?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why did you decide to apply to Baker Tilly?

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Period of Internships From To

**Please attach copies of all tertiary academic transcripts.**

I confirm that the above information is true and correct.

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Signature

Date \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_