

**APPLICATION FORM**  
 (កម្មវិធីប្រឡងប្រចាំឆ្នាំ)

**FC Group:**

E16. Street 03, Borey Sok San Town 8,

Phum Prokar, Sangkat Preysor

Khan Dangkor, Phnom Penh, Cambodia.

Tel: 012 226 773, 016 226 773, 097 31 72 789

 Email: [info@fccco.in](mailto:info@fccco.in) / [finconfirmgroup@gmail.com](mailto:finconfirmgroup@gmail.com)

 Website: [www.fccco.in](http://www.fccco.in)

 Location: <https://maps.app.goo.gl/adYVFVzF87JVGy3WA>

 Attach recent  
 Passport Size Photo

**Application Sources:** FC Website ☐ Job advertisement: Newspaper ☐ On-line recruitment websites ☐ please specify.....  
 (Please mark the box), Other websites / other sources, please specify ☐

**Instructions:**

1. Personal History Form (PHF) must be submitted for an application to be valid, indicating the application source, and submitted to the specified address before the deadline.
2. Please answer each question clearly, completely and concisely.

**1. Family name:**
**Given names:**
**Title:**
**2. Gender:**

 M ☐ F ☐
**3. Date of Birth:**  
 (dd/mm/yy)

**4. Place of birth:**
**5. Nationality(ies) at birth:**
**6(a). Current nationality(ies)**
**6(b). Country of permanent residence:**
**7. Permanent Address:** (registered address)

Telephone:

**8. Current Address** (if different):

Telephone:

 E-mail:  
 Daytime Telephone:  
 Mobile:  
 Others:

**9. Marital status:** Single ☐ Married ☐ Separated ☐ Widow(er) ☐ Divorced ☐
**10. Family members:** (Spouse, Children, Parents, Sister / Brother) Please provides details below.

Name (Family Name / Given Name)	Date of birth	Nationality	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

If you have spouse, please specify his/her current occupation and name of organization or company.

11. Name of person to be notified in case of emergency. Please provide complete contact address/ telephone numbers.

12. Have any of your relative (including father, mother, spouse, son, daughter, brother, sister) worked or are currently working FC Group. If yes, please provide names, relationships, and positions.

13. What is your preferred field of work?

14. Knowledge of LANGUAGES: What is your mother tongue?

16. Please indicate the level of your knowledge of other languages.

1= fluent, 2=good working knowledge, 3=fair, 4=basic

Other Language:	Reading	Writing	Speaking	Understanding

**EDUCATION:** Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

a) UNIVERSITY or equivalent

Name of university, Place, Country	Attended from/to		Degrees and academic distinctions obtained	Main course of study
	Mo/Yr	Mo/Yr		

b) Other trainings including professional qualifications of specialized training (e.g. Certified Public Accountant (CPA), Bar Admission etc.) and part- time study.

Name of school, Place, Country	Attended from/to		Certificates, Diplomas or other qualifications obtained	Main course of study
	Mo/Yr	Mo/Yr		

18. List of your information technology skills in terms of software, programming languages, equipment, and others. Please indicate your proficiency level: High, Average, and Low.

**Laptop/PC in term of handing Microsoft Office, Email/Internet and QuickBooks:****19. Membership in professional societies and activities in civic, public or international affairs.****20. List any significant publications you have written** (Please do not attach)**21. EMPLOYMENT RECORD.** Starting with your present job, list in reverse order the jobs you have had (do not go back more than 5 years). Use a separate block for each post. If you need more space, please attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.**A. Present post** (or last post if not currently in employment)

From	To	Salaries per Month (indicate in USD)		Title of your post:	
Mo/Yr	Mo/Yr	Starting	Final		
Name of employer:				Type of business:	
Address of employer:				No. and type of employees supervised by you:	Reason for leaving:

**Description of your duties**

From	To	Salaries per Month (indicate in USD)		Title of your post:	
Mo/Yr	Mo/Yr	Starting	Final		
Name of employer:				Type of business:	
Address of employer:				No. and type of employees supervised by you:	Reason for leaving:

**Description of your duties****\*Competency:****\*Summarized Achievements:**

From	To	Salaries per Month (indicate in USD)		Title of your post:	
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Mo/Yr	Mo/Yr	Starting	Final		
Name of employer:			Type of business:		
Address of employer:			No. and type of employees supervised by you:		Reason for leaving:
<b>Description of your duties</b>					
. *Competencies: . *Summarized Achievements:					
<b>22. Do you have any objections to our making inquiries with your current or most recent employer?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>23. Have you previously submitted an application in FC Group? If yes, please indicate the positions and dates.</b>					
<b>24. Have you ever been an employee of FC Group or hired by FC Group as a consultant, temporary staff, contractual, or others? If yes, please indicate type of employments, positions, periods, and remuneration rates.</b>					
<b>25. Have you ever been arrested, indicated or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law? If yes, please specify.</b>					
<b>26. Have you ever been discharged or forced to resign from any position? If yes, please specify.</b>					
<b>27. If you were selected for the position applied, how soon will you be available to start works after the notification?</b>					
<b>28. REFEREES:</b> Please give details of three people, not related to you, who are familiar with your working experience, working style, qualifications, attitude, and etc, and whom FC Group may contact at any time, preferable your direct supervisors					
<b>Full Name/ Position/ Relationship</b>		<b>Full Address</b>		<b>E-mail and telephone contacts</b>	

<p>29. State any other relevant facts, including international experience, which may support your application.</p>		
<p>30. Are you physically able and willing to travel?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> By Air? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>31. Do you have any disability, which might limit your prospective field of work? (The Secretariat is fully accessible)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.....</p>		
<p>32. I certify that the statements made by me in this application form are true, complete, and correct to the best of my knowledge and belief. Permission is given to the MRC to make such investigations as necessary on the information provided. I understand that any misrepresentation or material omission made herein or in any other document requested by the MRC can render a staff member liable to termination of service or dismissal.</p> <p>Date: Signature:</p> <p><b>Note:</b> You will be requested to supply documentation / evidence which supports the statements you have made above upon the offer had been notified.</p>		