



**DATACOM COMPANY LIMITED**

**Employment Application Form**

**DATACOM COMPANY LIMITED**

Unit 36,340 Nong Bone Road, Phonexay Village,  
Saysetha District, Vientiane Capital, Lao P.D.R  
Tel: +856 21 417234 Fax: +856 21 219117  
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Affix  
Photograph

**INSTRUCTION:**

- 1. Please complete pages 1- 4 in **BLOCK** letter using a blue or black ink pen.
- 2. Please answer each question clearly and concisely with correct information.
- 3. For further assistance, please contact Datacom Human Resources department.

**PERSONAL INFORMATION:**

(Preferred title)

Mr.  Mrs.  Ms.  Dr.  Prof.

First name: \_\_\_\_\_ Family name: \_\_\_\_\_  
Other (e.g., Nick Name)

Address: \_\_\_\_\_  
House No/Unit Village District Province

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Family book/ID/Passport number: \_\_\_\_\_  
(dd/mm/yy)

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you **are not** a Lao citizen, please indicate your nationality and country of origin: \_\_\_\_\_

Applicants under the age of 18, please indicate actual age: \_\_\_\_\_

**VACANCY SOURCES:**

Datacom Website  Newspaper  Recruitment Agency  Others : \_\_\_\_\_

**POSITION BEING APPLIED FOR:** \_\_\_\_\_

**DESIRED MONTHLY SALARY:** USD \_\_\_\_\_ LAK \_\_\_\_\_ THB \_\_\_\_\_

Employment Type Desired:  Full-Time Only  Part-Time Only  Full-or Part-Time

Have you ever worked for Datacom before?  No  Yes If "yes" when: \_\_\_\_\_

Days/Hours Available to work:  Mon  Tue  Wed  Thu  Fri  Sat

If you are hired, when can you being work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any particular requirement: \_\_\_\_\_

**FAMILY & INSURANCE INFORMATION:**

Marital Status:  Single  Married  Others: \_\_\_\_\_

If married since when? : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Full name of spouse: \_\_\_\_\_

Spouse employer: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Do you have any children or other dependents?  Yes  No

If yes, please provide their names:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

**EMERGENCY CONTACT:** In case of emergency, who should we contact?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

For insurance purposes please list all dependences below:

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CRIMINAL RECORD:**

Have you ever been convicted of crime?  Yes  No

If yes, explain number of conviction(s), nature of offence(s) leading to conviction(s), how recently such offence(s) was/were committed, sentences imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION INFORMATION:**

Do you have a driver's license?  Yes  No

If yes, please indicate:  A  A1  B  C  D

Driver's license number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

International/foreign driver's license:  Yes  No

Country of origin: \_\_\_\_\_ Driver's license number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your primary means of transportation?

- Bicycle  Motor cycle  Motor Car  Others: \_\_\_\_\_

Have you been involved in any accident last three years?  Yes  No

If yes, please describe all accidents, any injuries and/or damages of each accident? (Attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE:**

Have you ever been in the armed forces?  Yes  No

If yes, please specify: Date of entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Discharge Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you now a member of the national guard?  Yes  No  
 Type of discharge: \_\_\_\_\_ Branch of service: \_\_\_\_\_

**EDUCATION INFORMATION**

Name of Institute, Place, Country	Attended from/to Month/Yr. to Month/Yr.	Degrees and academic distinctions obtained	Main course of study

**PREVIOUS EMPLOYMENT:**

Please list your work experience for the past three years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheet if necessary.

Name of Employer:	Name of Supervisor:	Employment Dates:		Salary:	
		From Mon/Yr.	To Mon/Yr.	Start	End

Position/Title:

Responsibilities:

Reason(s) for leaving:

Name of Employer:	Name of Supervisor:	Employment Dates:		Salary:	
		From Mon/Yr.	To Mon/Yr.	Start	End

Position/Title:

Responsibilities:

Reason(s) for leaving:

Name of Employer:	Name of Supervisor:	Employment Dates:		Salary:	
		From Mon/Yr.	To Mon/Yr.	Start	End

Position/Title:

Responsibilities:

Reason(s) for leaving:

**REFERENCE CHECK:**

Are we allowed to contact your previous employer(s)?  Yes  No

If no, please provide details: \_\_\_\_\_

**REFEREES:**

Please list two professional references or previous employers.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer name: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer name: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

**APPLICANT FORM WAIVER:**

In exchange for the consideration of my job application by DATACOM (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer to any right to remain an employee of DATACOM Co., Ltd, or otherwise to change in any respect the employment –at – will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the Chief Executive Officer of the Company. Both undersigned and DATACOM Co., Ltd may end the employment relationship at any time, by referring to the clause(s) of employment contract. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), reference and others, and hereby release the Company from any liability as a result of such contract.

I also understand that, in connection with the routine processing of your employment application, the Company may request from consumer/ or client reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with the additional information concerning the nature of scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for an appropriate period of time, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure that your opportunity for employment with this Company depends solely on your qualifications.