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| **ใบสมัครงาน**  รูปถ่าย  **โครงการจ้างงานผู้ได้รับผลกระทบในช่วงแพร่ระบาดของโรคไวรัสโคโรน่า 2019 (COVID-19)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ส่วนที่ 1 ข้อมูลส่วนตัว** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **ชื่อ** (นาย/นาง/นางสาว) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **นามสกุล** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **วัน/เดือน/ปี เกิด** | | | | | | | | | | | | | | | | | / | | | | / | | | |  |  |
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| **ที่อยู่ที่สามารถติดต่อได้** | | | | | | | | | | | | | | **เลขที่** | | | | | | | |  | | | | | | | | **หมู่ที่** | | | | | | | | | |  | | | | | | **ซอย** | | | | | | | |  | | | | | | | | | | | **ถนน** | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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|  | | | **ตำบล** | | | | |  | | | | | | | | | | | | | | | **อำเภอ** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **จังหวัด** | | | | | |  | | | | | | | | | | | | | | **รหัสไปรษณีย์** | | | | | | | | | | | | | | |  | | | |  |
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| **ภูมิลำเนา** | | | | | | 🞏 | | | | **ตามที่อยู่ที่สามารถติดต่อได้** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **เบอร์โทรศัพท์** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **E-mail** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **ID Line** | | | | | | | | |  | | | | | | | | | | | | |  |
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| **ส่วนที่ 2 ข้อมูลทางการศึกษา** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ประวัติการศึกษา** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **ระดับการศึกษา** | | | | | | | | | | | | | | | | | | | **สถานศึกษา** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **เกรดเฉลี่ย** | | | | | | | | | | **สายวิชา/สาขาวิชา** | | | | | | | | | | | | | | | | | | | | | | **ปีที่สำเร็จการศึกษา** | | | | | | | | | |  |
|  | มัธยมศึกษาตอนปลาย/ปวช. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | ปวส./ปวท./อนุปริญญา | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | ปริญญาตรี | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | อื่นๆ | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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| **ส่วนที่ 3 ข้อมูลประกอบการทำงาน** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **พาหนะส่วนตัว** | | | | | | | | | | | | | **รถจักรยานยนต์** | | | | | | | | | | | | | **🞏** | | | | | | | | มี | | | | | **🞏** | | | | | | ไม่มี | | | | | **รถยนต์ส่วนบุคคล** | | | | | | | | | | | | 🞏 | | | | มี | | | | 🞏 | | | | | | **ไม่มี** | | | | | | | | **อื่นๆ** | | | | |  | |  |
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| **ใบอนุญาตขับขี่** | | | | | | | | | | | | | **รถจักรยานยนต์** | | | | | | | | | | | | | **🞏** | | | | | | | | มี | | | | | **🞏** | | | | | | ไม่มี | | | | | **รถยนต์ส่วนบุคคล** | | | | | | | | | | | | 🞏 | | | | มี | | | | 🞏 | | | | | | **ไม่มี** | | | | | | | | **อื่นๆ** | | | | |  | |  |
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| **คอมพิวเตอร์** | | | | | | | | | | | **🞏** | | | | มี | | | | **🞏** | | | | | | | | ไม่มี | | | | | | | | **อื่นๆ** | | | | | | | | |  | | | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | | | |  | | | | |  | | | |  | |
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| **ส่วนที่ 4 ผลกระทบในช่วงแพร่ระบาดของโรคไวรัสโคโรน่า 2019 (COVID-19)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ผลกระทบที่ได้รับ** | | | | | | | | | | | เนื่องจาก | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **ข้อมูลการได้รับการช่วยเหลือ/เยียวยา/สนับสนุน ตามโครงการของภาครัฐ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | **🞏** | | | มาตรการเยียวยาโครงการ “เราไม่ทิ้งกัน” | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **🞏** | | | | | มาตรการช่วยเหลือโครงการ “เยียวยาเกษตรกร” | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | **🞏** | | | มาตรการเยียวยาอื่นๆ | | | | | | | | | | | | | | | | | ระบุ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **ส่วนที่ 5 อื่นๆ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **บุคคลที่อื่นที่สามารถติดต่อได้** | | | | | | | | | | | | | | | | | | | | | **ชื่อ** | | | | | | |  | | | | | | | | | | | | | | | | **นามสกุล** | | | | | | | | |  | | | | | | | | | | | **เกี่ยวข้องเป็น** | | | | | | | | | | | | |  | | | | | |  | |
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| ข้าพเจ้าขอให่การรับรองว่าข้อความดังกล่าวข้างต้นทั้งหมดในใบสมัครงานฉบับนี้เป็นความทุกประการ หากพบว่าการให้รายละเอียดมีความคลาดเคลื่อนจากความเป็นจริง  ทางผู้ว่าจ้างมีสิทธิ์เลิกสัญญาจ้างข้าพเจ้าได้ทันที | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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