



# INTERNATIONAL ELEVATOR & EQUIPMENT, INC.

Km. 23 West Service Road, South Superhighway, Cupang  
Muntinlupa City, Philippines  
Tel. Nos. 807-04-20 \* 842-31-61

Position 1st choice : \_\_\_\_\_  
 2nd choice : \_\_\_\_\_  
 SSS Number : \_\_\_\_\_  
 TIN : \_\_\_\_\_  
 Res. Cert. Number : \_\_\_\_\_  
 Issued on/at : \_\_\_\_\_

Pls. attach a copy of recent photograph

|                 |                            |     |                |  |               |          |
|-----------------|----------------------------|-----|----------------|--|---------------|----------|
| <b>PERSONAL</b> | FAMILY NAME                |     | FIRST NAME     |  | MIDDLE NAME   |          |
|                 | PRESENT ADDRESS            |     |                |  | TELEPHONE NO. |          |
|                 | PROVINCIAL ADDRESS         |     |                |  | TELEPHONE NO. |          |
|                 |                            |     | PLACE OF BIRTH |  | CITIZENSHIP   |          |
|                 |                            | SEX | HEIGHT         | WEIGHT   | CIVIL STATUS  | RELIGION |
|                 | NAME OF SPOUSE             |     |                | OCCUPATION OF SPOUSE<br>(Position/Company Name & Address)        |               |          |
|                 | NO. OF CHILDREN/THEIR AGES |     |                | PERSON TO NOTIFY IN CASE OF EMERGENCY<br>(Name/Address/Tel. No.) |               |          |

|                  |                                       |                            |                         |
|------------------|---------------------------------------|----------------------------|-------------------------|
| <b>EDUCATION</b> | PRIMARY / ELEMENTARY<br>① ② ③ ④ ⑤ ⑥ ⑦ | DATE ATTENDED              | NAME OF SCHOOL/LOCATION |
|                  | SECONDARY/HIGH SCHOOL<br>① ② ③ ④      |                            |                         |
|                  | VOCATIONAL<br>① ② ③                   |                            |                         |
|                  | COLLEGE<br>① ② ③ ④ ⑤ ⑥                |                            |                         |
|                  | COLLEGE DEGREE ACQUIRED               | VOCATIONAL COURSE ACQUIRED |                         |
|                  | POST GRADUATE<br>① ② ③ ④              | POST GRADUATE DEGREE       |                         |

|                 |   |  |                             |
|-----------------|---|--|-----------------------------|
| <b>TRAINING</b> | NAME OR TITLE OF SEMINAR,<br>WORKSHOP, SPECIAL COURSE | NAME & LOCATION OF<br>INSTITUTION ATTENDED | INCLUSIVE DATES<br>ATTENDED |
|                 |   |  |                             |
|                 |   |  |                             |
|                 |   |  |                             |
|                 |   |  |                             |

|  |                             |                    |               |
|--|-----------------------------|--------------------|---------------|
| <b>WORK EXPERIENCES</b><br><i>(From the most recent)</i> | <b>I. COMPANY/ADDRESS</b>   | POSITION           | SALARY        |
|  | DATE OF EMPLOYMENT          | SUPERVISOR         | TELEPHONE NO. |
|  | BRIEF DESCRIPTION OF DUTIES | REASON FOR LEAVING |               |
|  | <b>II. COMPANY/ADDRESS</b>  | POSITION           | SALARY        |
|  | DATE OF EMPLOYMENT          | SUPERVISOR         | TELEPHONE NO. |
|  | BRIEF DESCRIPTION OF DUTIES | REASON FOR LEAVING |               |
|  | <b>III. COMPANY/ADDRESS</b> | POSITION           | SALARY        |
|  | DATE OF EMPLOYMENT          | SUPERVISOR         | TELEPHONE NO. |
|  | BRIEF DESCRIPTION OF DUTIES | REASON FOR LEAVING |               |

|               |   |      |         |     |                 |
|---------------|---|------|---------|-----|-----------------|
| <b>SKILLS</b> | (Please indicate the skills you have by checking the appropriate box indicated below) |      |         |     |                 |
|               |   | HIGH | AVERAGE | LOW | NO<br>KNOWLEDGE |
|               | COMPUTER SKILLS   |      |         |     |                 |
|               | BOOKKEEPING   |      |         |     |                 |
|               | MECHANICAL  |      |         |     |                 |
|               | AUTOCAD   |      |         |     |                 |
| OTHER SKILLS  | _____   |      |         |     |                 |

|  |                               |                  |                           |                            |  |  |
|--|-------------------------------|------------------|---------------------------|----------------------------|--|--|
| <b>OTHER INFORMATION</b>                                 | <b>NAME</b>                   |                  | <b>DATE OF BIRTH</b>      | <b>LIVING</b>              |  |  |
|  | FATHER _____                  |                  | _____                     | YES NO                     |  |  |
|  | ADDRESS _____                 |                  | OCCUPATION/EMPLOYER _____ |                            |  |  |
|  | <b>NAME</b>                   |                  | <b>DATE OF BIRTH</b>      | <b>LIVING</b>              |  |  |
|  | MOTHER _____                  |                  | _____                     | YES NO                     |  |  |
|  | ADDRESS _____                 |                  | OCCUPATION/EMPLOYER _____ |                            |  |  |
|  | <b>BROTHERS &amp; SISTERS</b> |                  |                           |                            |  |  |
|  | <b>NAME</b>                   |                  | <b>DATE OF BIRTH</b>      | <b>OCCUPATION/EMPLOYER</b> |  |  |
|  | _____                         |                  | _____                     | _____                      |  |  |
|  | _____                         |                  | _____                     | _____                      |  |  |
| NAME ALL RELATIVES & FRIENDS EMPLOYED WITH THIS COMPANY? |                               |                  |                           |                            |  |  |
| _____  |                               | _____            |                           | _____                      |  |  |
| _____  |                               | _____            |                           | _____                      |  |  |
| HAVE YOU TAKEN A RECENT PHYSICAL EXAMINATION?            |                               |                  |                           |                            |  |  |
| IF YES, WHEN? _____                                      |                               | WHERE? _____     |                           |                            |  |  |
| ANNUAL FAMILY INCOME:                                    |                               |                  |                           |                            |  |  |
| Less than P 100,000                                      |                               | Over P 500,000   |                           | Over P 1,500,000           |  |  |
| P 100,000 - P 500,000                                    |                               | Over P 1,000,000 |                           | Over P 2,000,000           |  |  |

**REFERENCE****CHARACTER REFERENCE: (Exclude Relatives)****FROM PREVIOUS JOB**

NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

**FROM SCHOOL**

NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

**FROM YOUR NEIGHBOR**

NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

**FROM YOUR FRIEND**

NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY?  
\_\_\_\_\_WHY DO YOU WISH TO WORK FOR THIS COMPANY?  
\_\_\_\_\_AT WHAT SALARY WOULD YOU LIKE TO START? AND WHEN?  
\_\_\_\_\_ARE YOU WILLING TO BE ASSIGNED ABROAD OR IN THE PROVINCE? WHY?  
\_\_\_\_\_DO YOU HAVE ANY PENDING APPLICATION TO OTHER COMPANY? IF YES, STATE THE NAME OF THE COMPANY  
\_\_\_\_\_

I hereby certify that the foregoing information is true and correct to the best of my knowledge and may serve as the basis of my employment. If any of the above information is found to be false, or if any fact or circumstances are found to have been misrepresented or concealed, my employment may be terminated anytime.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE