INTERNATIONAL ELEVATOR & EQUIPMENT, INC.

Position 1st choice :_____
2nd choice :_____
SSS Number :_____
TIN :_____
Pag-IBIG Number :_____
PhilHealth Number :_____
Email Address :_____

Pls. attach a copy of recent photograph

PERSONAL

FAMILY NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		MOBILE NO.
PROVINCIAL ADDRESS		TELEPHONE NO.
PLACE OF BIRTH		CITIZENSHIP

SEX	HEIGHT	WEIGHT	CIVIL STATUS	RELIGION

NAME OF SPOUSE	OCCUPATION OF SPOUSE (Position/Company Name & Address)
NO. OF CHILDREN/THEIR AGES	PERSON TO NOTIFY IN CASE OF EMERGENCY (Name/Address/Tel. No.)

EDUCATION

	DATE ATTENDED	NAME OF SCHOOL/LOCATION
PRIMARY / ELEMENTARY ① ② ③ ④ ⑤ ⑥ ⑦		
SECONDARY/HIGH SCHOOL ① ② ③ ④		
VOCATIONAL / SR. HIGH SCHOOL ① ② ③		
COLLEGE ① ② ③ ④ ⑤ ⑥		

COLLEGE DEGREE ACQUIRED	VOCATIONAL COURSE ACQUIRED
POST GRADUATE ① ② ③ ④	POST GRADUATE DEGREE

TRAINING

NAME OR TITLE OF SEMINAR, WORKSHOP, SPECIAL COURSE	NAME & LOCATION OF INSTITUTION ATTENDED	INCLUSIVE DATES ATTENDED

WORK EXPERIENCES *(From the most recent)*

I. COMPANY/ADDRESS	POSITION	SALARY
DATE OF EMPLOYMENT	SUPERVISOR	TELEPHONE NO.
BRIEF DESCRIPTION OF DUTIES	REASON FOR LEAVING	
II. COMPANY/ADDRESS	POSITION	SALARY
DATE OF EMPLOYMENT	SUPERVISOR	TELEPHONE NO.
BRIEF DESCRIPTION OF DUTIES	REASON FOR LEAVING	
III. COMPANY/ADDRESS	POSITION	SALARY
DATE OF EMPLOYMENT	SUPERVISOR	TELEPHONE NO.
BRIEF DESCRIPTION OF DUTIES	REASON FOR LEAVING	

SKILLS

(Please indicate the skills you have by checking the appropriate box indicated below)

	HIGH	AVERAGE	LOW	NO KNOWLEDGE
COMPUTER SKILLS	☐	☐	☐	☐
BOOKKEEPING	☐	☐	☐	☐
MECHANICAL	☐	☐	☐	☐
AUTOCAD	☐	☐	☐	☐

OTHER SKILLS: _____

OTHER INFORMATION

	NAME	DATE OF BIRTH	LIVING
FATHER :	_____	_____	YES ☐ NO ☐
ADDRESS :	_____	OCCUPATION/EMPLOYER	
	_____	_____	

	NAME	DATE OF BIRTH	
MOTHER :	_____	_____	YES ☐ NO ☐
ADDRESS :	_____	OCCUPATION/EMPLOYER	
	_____	_____	

BROTHERS & SISTERS

NAME	DATE OF BIRTH	OCCUPATION/EMPLOYER

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
☐ P 100,000 - P 500,000
☐ Over P 500,000
☐ Over P 1,000,000
☐ Over P 1,500,000
☐ 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.

I, the Data Subject, expressly give my consent to the company to collect, process, store, retain, update, retrieve, my personal information and sensitive personal information indicated in my employment application records as well as the records once I get hired. I undertake that I was made aware that the data and or attendance records that may be taken manually or by biometrics when employed are necessary for payroll purposes. That the HR department or any of its personnel, as well as the compensation and benefits processor, are allowed to access and validate the data given in my application and future employment records. The processing of said information may be made through the internal database, online, cloud storage, or through a sub-contractor. I was aware of my rights as a Data Subject under the Data Privacy Act.

_____
SIGNATURE

_____
DATE