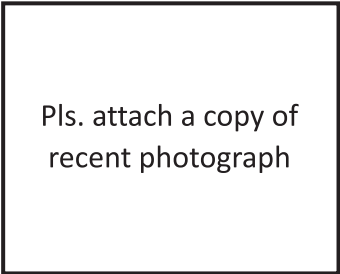




Position 1st choice : _____
2nd choice : _____
SSS Number : _____
TIN : _____
Pag-IBIG Number : _____
PhilHealth Number : _____
Email Address : _____



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	PRIMARY / ELEMENTARY ① ② ③ ④ ⑤ ⑥ ⑦	DATE ATTENDED	NAME OF SCHOOL/LOCATION
	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

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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	☐ 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.

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