



SEDP – SIMBAG SA PAG-ASENSO, INC. (A Microfinance NGO)

The Chancery, Cathedral Compound
Albay District, Legazpi City 4500, PHILIPPINES
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E-mail Address: simbag_sedp@yahoo.com
Website: www.sedp.ph

Please read before filling-out the

I am willfully and freely giving my consent to use my personal and sensitive information containing in this form and in documents submitted for the purposes of my

APPLICATION FOR EMPLOYMENT

INSTRUCTION: *Please print all information requested except signature.*

Position applied for _____

Name: _____
Last Name First Name Middle Name

Permanent Address: _____
Street Barangay Municipality City Zip Code

Present Address: _____
Street Barangay Municipality City Zip Code

Date of Birth _____ Age _____ Gender _____ Religion _____
Civil Status _____ Single parent _____ Live in _____ if Married: Civil _____ Church _____
Have you received the Sacrament of Baptism _____ Yes _____ No

Telephone/Cellular Phone Number _____ Email Address _____

How did you learn about the position? _____

Referred by: _____ Agency _____ Radio Ad _____
Name Name Station

Have you applied previously to SEDP? Yes _____ No _____ if yes, date: _____

Family members/relatives working with Social Action Center (SAC) or SEDP-SIMBAG SA PAG-ASENSO INC. (If Any)

Name Relationship

Family members/relatives working with Bank/Microfinance Institution or other lending institution:

Name Company/Institution Relationship

Do you have a valid driver's license? Yes _____ No _____ If yes, Professional _____ Non-Professional _____

What is your desired salary? _____

EDUCATION

Post Graduate: _____ Year Graduated: _____

Bachelor's Degree: _____ Year Graduated: _____

Vocational/Non-Formal: _____ Year Graduated: _____

EMPLOYMENT HISTORY

Please provide all employment information for your past four employers starting with the most recent.

Employer (Most Recent):	Position held:
Address:	
Supervisor's Name/Position Title:	Tel/CP No.
Dates Employed: From: To:	Salary
Job Summary:	
Reason for Leaving	

Employer:	Position held:
Address:	
Supervisor's Name/Position Title:	Tel/CP No.
Dates Employed: From: To:	Salary
Job Summary:	
Reason for Leaving	

Employer:	Position held:
Address:	
Supervisor's Name/Position Title:	Tel/CP No.
Dates Employed: From:	To: Salary
Job Summary:	
Reason for Leaving	

MEDICAL HISTORY

Describe your current state of health: ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ Pregnant (female only)

Please check below if you experienced/suffered from any of the illnesses listed below:

☐ Allergy

☐ Thyroid Disease

☐ Chest/Heart Problems

☐ Frequent headache

☐ Eye trouble

☐ Head/Neck Injury

☐ Abdominal Trouble

☐ Any repatriation

☐ Arthritis

☐ Diabetes Mellitus

☐ Blood Disorder

☐ Genetic Disorder

☐ Typhoid fever

☐ Fainting spells/seizures

☐ Urinary Trouble

☐ Asthma

☐ Pulmonary Tuberculosis

☐ Liver/Gallbladder Disease

☐ Psychiatric Disorder

☐ Ear Trouble

☐ Endocrine Disorder

☐ Chronic Cough

☐ Sexually Transmitted Disease

☐ Hypertension

☐ Kidney Disease

☐ Cancer

☐ Nose/Throat Trouble

☐ Hernia

☐ Peptic Ulcer

☐ Malaria

Have you undergone surgeries/operation/s? Please specify:

Medical Illness taking maintenance medication

Do you smoke cigarettes: ☐ Yes ☐ No Do you drink liquor/alcohol? ☐ Yes ☐ No; How often

ON DATA PRIVACY

As part of the Data Privacy Act of the Philippines (Republic Act No. 10173);

Any and all personal information related to you which may come into the Institution’s possession and/or control during the processing of your job application shall be used for the following purposes:

- 1) Processing your job application which shall be based on the information you provide the Institution. This shall be used to determine your qualification and/or eligibility for the position which you are applying for hence you should ensure the accuracy and authenticity of all your given personal information;

2) That the applicant shall provide the data to be used for the enrollment to government mandated agencies like SSS, Pagibig, Philhealth and in securing Tax Identification Number upon hiring.

3) The institution will retain applicants’ personal data for one (1) year;

4) The Institution may use Applicant’s Personal Data for possible referrals or employment opportunity to its related institutions such as SEDP-MPC, SEDP MBA, SAC and to other Diocesan Offices;

5) Background investigation to determine your qualification as (Ex.: Community Development Worker). In line with this, SEDP may verify the following personal information to the HR Department of the applicant’s previous company such as the name, position, salary and character of the applicant.

6) The types of information to be verified with the above-enumerated entities involve personal information and/or sensitive personal information. Please be informed that as a data subject, you have the right to access and correct the information, in case of inaccurate or incomplete data.

APPLICANT CONSENT

Please read carefully and sign

Submitting my information signifies that I have read and understood the above policy and expressly consent to the processing of my personal and/or sensitive personal information in the manner and for the purpose provided in this notice. I understand and accept that this will include access to personal data and records submitted, which may be regarded as personal and/or sensitive personal data as provided under the Data Protection Act of 2012.

I understand that any fraudulent information I declare may result to my disqualification from employment.

Name & Signature of Applicant

Date Signed: