



APPLICATION FOR EMPLOYMENT

POSITION/S APPLIED FOR: 1) _____ 2) _____

MINIMUM SALARY EXPECTED: _____ DATE AVAILABLE FOR EMPLOYMENT _____

SOURCE OF APPLICATION: ☐ Walk -In ☐ Referral ☐ Campus Recruitment
☐ BPI Website ☐ Others, please specify _____

I. PERSONAL INFORMATION

Family Name		First Name		Middle Name	Nickname	Citizenship
Current Address No.		Street	District	Town/City	Residence Tel No.	Cellular No.
Business Tel No.						
Previous / Permanent Address No.		Street	District	Town/City	Residence Tel No.	Cellular No.
Business Tel No.						
E-mail Address				SSS number	TIN number	Philhealth number
Date of Birth	Age	Place of Birth		Sex	Height	Weight
Civil Status		Religion		Language (s) You Speak, Read and Write		
Name of Spouse		Family Name	First Name	Middle Name	Spouse Date of Birth	Spouse Citizenship
Date of Marriage						
Company Where Spouse is Employed				Position	Contact Number/s of Spouse	

II. EDUCATIONAL BACKGROUND

	NAME OF SCHOOL/ADDRESS	YEAR/S ATTENDED		HONORS/ AWARDS	AVERAGE GRADE
		From	To		
Elementary					
High School					
College					
Course _____					
Did you have failing marks in academic subjects? Y N How Many? _____					
Please specify _____ Batch Ranking? () 10% () 20% () 50%					
Graduate					
Course _____					
Did you have failing marks in academic subjects? Y N How Many? _____					
Please specify _____					
Others					
Certifications / Licensure Exams taken and passed		Date		Rating	

III. SOCIAL ACTIVITIES

Past and Present Extra-Curricular Activities and Membership in Organizations

DATE		SCHOOL/PROFESSIONAL AND/OR CIVIC ORGANIZATIONS	POSITION
From	To		
HOBBIES		TALENTS	
SPORTS			

IV. EMPLOYMENT RECORD

(Starting with present employment going backwards)

DATE	COMPANY/ADDRESS	POSITION	SALARY	REASON FOR LEAVING
1. From	Company	At Start	At Start	
To	Address	At leaving	At leaving	
2. From	Company			
To	Address			
3. From	Company			
To	Address			
4. From	Company			
To	Address			
5. From	Company			
To	Address			

Indicate office practice or training in any company: _____

No. of hours completed: _____

Do you have pending accountabilities from any of your current/ previous employers?

Yes _____ No _____

if "Yes", please give details: _____

Have you ever been discharged or forced to resign from any position?

Yes _____ No _____

if "Yes", please give details: _____

V. FAMILY RECORD

Family Name	First Name	Middle Name	Birthday		
FATHER'S NAME				ADDRESS/TEL #.	
OCCUPATION				OFFICE ADDRESS/TEL #.	
Family Name	First Name	Middle Name	Birthday		
MOTHER'S NAME				ADDRESS/TEL #.	
OCCUPATION				OFFICE ADDRESS / TEL #.	
BROTHER/S & SISTER/S		BIRTHDAY	IF CURRENTLY EMPLOYED		IF STUDENT
			OCCUPATION	COMPANY	YR/COURSE
					SCHOOL
NAME OF CHILDREN/DEPENDENTS		AGE	DATE OF BIRTH		RELATIONSHIP

In case of emergency, whom would you wish us to notify immediately?

Name: _____

Relationship: _____

Address: _____

Telephone No.: _____

VI. REFERENCES/ CREDIT RECORD

Give three reputable personal references (Not your relatives or former employers.)

Name	Complete Address	Telephone Number

Person/s who referred you to us (State Name, relationship, occupation, address and tel number.)

Relative/s and friend/s employed by this Bank (State name and relationship.)

List all your current and past credit card/s.

Credit Card Company	Credit Card Number	Principal/ Supplementary?	Positive Credit Standing?	If no, give details.
			Yes No	
			Yes No	
			Yes No	
			Yes No	

List all your current and past loan/s.

Company	Kind of Loan/s	Principal/Co-Maker?	Positive credit standings?	If no, give details.
			Yes No	
			Yes No	
			Yes No	
			Yes No	

Is/Are there pending court case/s filed against / by you?

Yes _____ None _____

If so, please provide details: _____

VII. OTHERS

Please give a brief description of yourself, describing how your personal characteristics can make you an asset to the Bank.

If you should be taken in by the Bank, would you accept any assignment in any of its branches?

Yes _____

No _____

Preferred Assignment _____

Do you drink intoxicating liquors?

Yes _____

No _____

When was your last physical examination? _____

Was the result generally positive?

Yes _____

No _____

If no, give details: _____

Specify history of surgery/major diseases. _____

VIII. APPLICANT'S CONSENT/ CERTIFICATION/ AUTHORIZATION

I hereby consent to Bank of the Philippine Islands (the "Bank") collection, processing and sharing of my personal data, for the exclusive purpose of exploring employment opportunities with the Bank or any of its subsidiaries and affiliates (individually, "member of the BPI Group" and collectively, the "members of the BPI Group"). I understand and accept that by providing these information, I am certifying that the statements are true and hereby authorize the relevant member of the BPI Group to conduct investigation on the statements contained in this application form. If employed I understand/agree that (i) any MISREPRESENTATION or OMISSION OF FACTS called for in this form is SUFFICIENT CAUSE for SUMMARY SEPARATION from the service from the relevant member of the BPI Group; (ii) I shall abide by all the rules and regulations of the relevant member of the BPI Group; (iii) my appointment will be on probationary basis for a period at the discretion of the relevant member of the BPI Group and subject to satisfactory work; otherwise, I shall be dismissed without further reason and without liability on the part of the relevant member of the BPI Group.

I also acknowledge the obligation to refrain from divulging any confidential information I may acquire during the course of my employment with the relevant member of the BPI Group.

I hereby represent and warrant that I have obtained, prior to submitting any information about my dependents or individuals related to me or my references (including their personal data), all necessary authorizations and consents as may be required by applicable confidentiality and data privacy laws.

I understood clearly that this is only an application and not a guarantee of employment. If the application is denied, I understand that the Bank and, where applicable other relevant members of the BPI Group will destroy, in a timely and reasonable manner, all information that I gave as part of this application process consistent with my rights to privacy.

I am also consenting to undertake/ to undergo/submit, upon request by the relevant member of the BPI Group, other things which are required of me in connection with my application for employment, such as:

- Medical and Physical examination
- Reference/credit checking
- Background investigation
- Submission of ALL pre-employment documents



Signature over Printed Name

Date

IX. FOR RECRUITMENT'S USE ONLY

INTERVIEWER COMMENTS:

FINAL RECOMMENDATION

Schedule for Further Interview

Position

Active File

Position

Others

Interviewed By: _____

Date: _____