



## APPLICATION FOR EMPLOYMENT

Position Applying for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

### PERSONAL INFORMATION

Dorado		Gabriel Luis		Saludaga			
LAST NAME (w/extension, if any)		First Name		Full Middle Name			
Complete Address #20 Aguirre St. Zone 4 South Signal Village Taguig City							
Provincial Address P3 Brgy. San Francisco Nagcarlan Laguna.							
Home Phone		Cellphone	09603759426	E-mail Add	gabrieldorado09@gmail.com		
Date of Birth		October 17, 2002	Gender	Male	Nationality	Filipino	
Religion		Catholic	Civil Status	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Separated
Father's Name:		Godofredo S. Dorado			Contact No.	09175844268	
Mother's Name:		Werlyn S. Dorado			Contact No.	09063280851	
Spouse' Name:					Contact No.		

### EDUCATION

	Name of School	Years Attended	Degree Received	Major
Elem.	D. F. Tinker Bell Elementary School	2009 - 2015	Elementary School Graduate	
H.S.	Plaridel Integrated National HS	2015 - 2021	TVL - ICT Graduate	
Coll.	San Pablo Colleges	2021 - 2025	Bachelor of Science in Information Technology In Progress	
SP. COURSE				

Other Trainings, Certifications or Licenses: \_\_\_\_\_

### OTHER INFORMATION

\* Skills and Hobbies Time Management, Problem Solving, Adaptability, Active Listener, Basic knowledge in PHP, Python, SPSS, Ruby on Rails, and MS offices

\* Military Service \_\_\_\_\_

\* Have you ever been charged or convicted of a crime? If so, state nature: \_\_\_\_\_

\* Have you had any serious illness, accident or operation for the past 10 years? (if so, please specify): \_\_\_\_\_

\* Do you have any medical disability? (if so, please specify) : \_\_\_\_\_

\* Do you have relative working for this company? \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

### REFERENCE (Name three References who you know well other than relatives)

NAME	OCCUPATION	ADDRESS	CONTACT NO.

### ACKNOWLEDGEMENT

- \* I certify that all information given herein are true and complete to the best of my knowledge.
- \* In the event of employment, I understand that false information or misrepresentation given in my application or interview/s may result in termination of employment.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

TIN \_\_\_\_\_  
SSS \_\_\_\_\_  
PHILHEALTH \_\_\_\_\_  
PAG-IBIG \_\_\_\_\_

Interviewed by:	_____
Remarks:	_____
	_____
	_____