

Designation Applying for \_\_\_\_\_ Date of Application \_\_\_\_\_ Available Start Date \_\_\_\_\_

PERSONAL INFORMATION

First Name		Middle Name		Last Name		Maiden Name, if married			
Present Address									
Permanent Address									
Date of Birth		Age		Birth Place		Civil Status			
Mobile or Telephone Number				Email Address		Height		Weight	
Father's Name (First, Middle, Last Name)					Birthday		Occupation		
Mother's Maiden Name (First, Middle, Last Name)					Birthday		Occupation		
Spouse's Name, if married (First, Middle, Last Name)							Occupation		
How many members in a family?					Position in the family?				
Name of Children:					Name of Sibling:				
1.					1.				
2.					2.				
3.					3.				
4.					4.				
Person to be notified in case of emergency					Relationship				
Address					Contact Number/s				

MEDICAL HISTORY

Past Medical History (Check all applicable)							
AIDS or HIV Positive		Chicken pox		Measles		Typhoid Fever	
Blood or Plasma Transfusion		Epilepsy		Mumps		Asthma	
Cancer		Hypertension		Polio		U.T.I.	
Others (pls. indicate)							
Allergies (List drugs, foods, contact or environmental substances to which you have had an allergic or bad reaction)							
Have you ever been hospitalized?				No		Yes (If yes, please indicate details below)	
ILLNESS / OPERATION		DATE		NAME OF HOSPITAL & LOCATION			
1.							
2.							
3.							
Have you had work related accident?				No		Yes (If yes, please state/describe)	
Do you smoke?				No		Yes If yes, how many pack(s) per day? _____	
Do you drink alcohol?				No		Occasionally Regularly	
Do you have visual difficulty?				No		Yes	
Do you wear eyeglasses?				No		Yes If yes, for how long have you had the current prescription? _____	

EMPLOYMENT HISTORY (Start from the most recent)

NAME & ADDRESS OF COMPANY	POSITION/S HELD	EMPLOYMENT DATES	NAME OF IMMEDIATE HEAD(S) & CONTACT DETAILS
1.		FROM: TO:	
Reason for Leaving			
2.		FROM: TO:	
Reason for Leaving			
3.		FROM: TO:	
Reason for Leaving			

OTHERS

Are you willing to be relocated or assigned within and outside NCR for a field work?	No	Yes
Do you have plans on working abroad in the next 2-5years?	No	Yes
Are you available to work on Monday to Saturday?	No	Yes

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize Direc Business Technologies Inc. to make an inquiry or verification from any or all of my employers, character references and college/university of my professional and scholastic records.

Applicant’s Signature over Printed Name

PREVIOUS EMPLOYMENT		
CONTACT PERSON	COMPANY NAME & ADDRESS	CONTACT NUMBER(S)

PREVIOUS EMPLOYMENT		
CONTACT PERSON	COMPANY NAME & ADDRESS	CONTACT NUMBER(S)

OTHER RELATED CHARACTER REFERENCES		
CONTACT PERSON	COMPANY NAME & ADDRESS	CONTACT NUMBER(S)

I declare, under penalties of perjury, that the information indicated above is true and correct to the best of my knowledge and belief. Providing false information constitutes grounds for termination of employment.

Applicant’s Signature over printed name

Date

DATA PRIVACY CONSENT

By signing, the undersigned expresses his/her consent to the collection, use, and processing of his/her personal information for the exclusive purpose of administering, managing, and implementing the objectives of this document. For more information on your rights under the Data Privacy Act and how DBTI protects your data, you may send us an email at [dataprotection@direcbusiness.com](mailto:dataprotection@direcbusiness.com).

Applicant’s Signature over printed name

Date