

## THE TEST OF EXCELLENCE

POSITION APPLIED FOR

## **EMPLOYMENT APPLICATION**

DATE OF APPLICATION

Please complete this application form and ensure that all information required are supplied in correct and full details. If questions are not applicable, write "N/A", write "Unknown" only if you do not know the answer and cannot obtain the answer from personal records. The statements made herein are classified and treated as CONFIDENTIAL.

PERSONAL INFORMATION							
NAME (Last Name, First Name, Middle Name)					EMAIL AD	DRESS	
ADDRESS					MOBILE N	IIMDED	
ADDICESS					WIOBILL	OIVIDEN	
GENDER	CIVIL STATUS			CITIZENSHIP		RELIGION	
LIFICUIT	MEIGHT			LANCHACE CKILLS			
HEIGHT (Feet & Inches)	WEIGHT (Pounds)			LANGUAGE SKILLS (1	Languages/dialects flu	nt in-spoken and written)	
SSS NUMBER	TIN			PAG-IBIG NO.		PHILHEALTH NO.	
FAMILY BACKGROUND	n (if any) father me	ath ar	and siblings	If the engage provides	dia not sufficien	t plaga write in your recurs	
List your spouse (if married), childre							
	n (if any), father, mo	other, a		. If the space provided ion/Employer		t, please write in your resume. me Address	
List your spouse (if married), childre							
List your spouse (if married), childre							
List your spouse (if married), childre							
List your spouse (if married), childre							
List your spouse (if married), childre							
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List your spouse (if married), childre							
List your spouse (if married), childre							
List your spouse (if married), childre							
List your spouse (if married), childre							

Page **1** of **3** 5/19/2021

PRIMARY									
SECONDARY									
TERTIARY Course:									
OTHERS									
EMPLOYMENT RECORD		_						T	
Employer Name/Address/Contact Nos	<b>5.</b>	Position	on Title	Inclusive	Dates	Endin	g Salary	Reaso	n for Leaving
		1							
OTHER QUALIFICATIONS									
INTERESTS/HOBBIES/SPORTS									
OTHER SKILLS									
REFERENCES									
List three persons, (Present/Former Imqualifications, and competence who C							o are familiar	with yo	ur character,
	Address/Tel No				Position/		mployer		Years Acquainted

School Name/Address

General Ave/Awards

**EDUCATION** 

Level

From

То

Page **2** of **3** 5/19/2021

Are you related to any employee	or officer in this Company	? 🗆 YES 🗆 NO			
IF YES, TO WHOM?	RELATIONSHIP				
WHO RECOMMENDED YOU?			EARLIEST JOINING DATE & ACCEPTABLE SALARY		
WHO RECOMMENDED TOO.			Extracted forming bytte dytoset tytole sylb with		
EMERGENCY CONTACT		I			
Full Name	Relationship	Contact Nos.	Address		
I hereby certify, to the best o	of my knowledge and b	pelief that all information	on written and submitted in support		
	•		ny false or incomplete details made		
•	·	•	nal Measurement, Inc. renders an		
	• •		d that I must notify the Office of the		
Human Resources of any ch	ange in my personal ir	nformation and other p	ertinent Information.		
I give my consent to the Cer	nter for Educational M	leasurement, Inc. to co	llect, process, store, retain, update,		
			ion indicated in my employment		
application records. I undertake that I was informed that the data that may be taken manually or					
	· •	•	Resources. That the HR department		
			application and future employment		
		_	ne internal database, online, cloud		
•	ntractor. I was made a	iware of my rights as a	data subject under the Data Privacy		
Act of 2012.					
, -	•		nc. to send information or material		
such as but not limited to re	ecruitment campaign, i	newsletter, or annound	rements.		
By Signing below, I also allo	w CEM to conduct and	d agree to cooperate ir	background investigation that will		
be done by the company as	necessary based on th	ne information given ab	oove.		
Signatu	re Over Printed Name		DATE		

Page **3** of **3** 5/19/2021