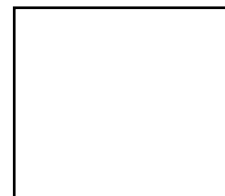




# MAR Employment for Good Services, Inc.

2<sup>nd</sup> floor Citadel Bldg., Maysan Road, Valenzuela City  
Tel. Nos.: 277-5309/ 277-2959 Telefax No. 291-9837



## APPLICATION FOR EMPLOYMENT

Position applied for: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Date applied: \_\_\_\_\_  
Expected Salary: \_\_\_\_\_

### PERSONAL INFORMATION

Surname	Given Name	Middle Name	Maiden Name (if MARRIED)
A. Date of Birth: _____	Age: _____	Place of Birth: _____	
B. City Address: _____			
C. Provincial Address: _____			
D. Sex: _____	Civil Status: _____	Citizenship: _____	
E. Religion: _____	Weight: _____	Height: _____	
F. SSS No.: _____	TIN No.: _____	PhilHealth: _____	
G. Name of Father: _____	Age: _____	Occupation: _____	
H. Name of Mother: _____	Age: _____	Occupation: _____	
I. Name of Spouse: _____	Age: _____	Occupation: _____	No. Of Children: _____
J. Social, Sports & Hobbies: _____			
K. Skills and other qualification(if any): _____			

### EDUCATIONAL BACKGROUND

EDUCATION	School, College, University Attended	Diploma, Degree Attended	Date of Attendance
Elementary			
Secondary			
Vocations			
College			

### PREVIOUS EMPLOYMENT RECORD (Please used back page for more information)

Name of Company	Position	Date of Employment From to	Salary	Reason for Leaving

### REFERENCES ( NOT Related to you)

Name and Address	Contact Number/s	Occupation	Years known

### CONTACT PERSON IN CASE OF EMERGENCY

Name	Address	Contact Number/s	Relationship

### Once Accepted:

- I understand that I become a Contractual Employee of MAR EMPLOYMENT FOR GOOD SERVICES, INC., and not its PRINCIPAL/CLIENT-COMPANY where I will be assigned at work.
- I understand that my term of employment la co-terminus with the term of the Contract of Services with the PRINCIPAL/CLIENT-COMPANY where I am assigned.
- I understand that after the contract of services of MAR EMPLOYMENT FOR GOOD SERVICES, INC., with its PRINCIPAL/CLIENT-COMPANY where I am assigned expires and no renewal is immediately done, I will become part of manpower pool for a period of six (6) months. If a contract is secured where I can be re-assigned after six (6) months or I'll find employment elsewhere, my employee-employer relationship with MAR EMPLOYMENT shall be deemed terminated and I shall be taken out of the pool.

I hereby certify as to the truth and correctness of all my statement and declarations in this application and any falsehood will be basis for denial of my application of dismissal from employment if already employed.

APPLICANT'S SIGNATURE OVER PRINTED NAME

## PAGTANGGAP

Ako si \_\_\_\_\_ ay lubos na sumasang-ayon sa mga alintuntunin at patakaran tungkol sa Group Accident Insurance ng kompanya na pinaliwanag sa Orientation noong \_\_\_\_\_. Ang mga alintuntunin ay ang mga sumusunod;

1. Kaloob ng Group Accident Insurance ang aksidente na naganap sa loob at labas ng kompanya kung saan nakatalaga ang empleyado. Kasama sa aksideneang nakagat ng aso at ahas.
2. HINDI sagutin ng Group Accident Insurance kapag ang empleyado ay naaksidente dahil sa;
  - Naka-inom ng alak
  - Nakipag-away
  - Nagnakaw
  - Nakipagsugal
  - Lumabag sa batas
3. Ang Group Accident Insurance ay Non-Transferable o hindi pwede mailipat sa ibang tao. Hindi rin naibabalik ang binayad sa Insurance kung hindi naaksidente ang empleyado.
4. Sa oras na naaksidente ang empleyado kailangan ipaalam kaagad sa opisina o sa coordinator at ipasa ang mga sumusunod na requirements;
  - Reseta ng Doktor (Original)
  - Resibo (official receipt dapat)
  - Medical Certificate (Original)
  - Incident Report (kapag nangyari ang aksidente habang nasa trabaho)
  - Police Report o Barangay Report (kapag nasa labas ng trabaho pauwi man o papunta ng trabaho)
- ❖ Hindi kasama maibabalik ang mga gastusin sa pamasahé, parking, at pagkain sa reimbursement.
5. Bibigyan lamang ng tatlong araw na palugit para ipagbigay alam sa opisina (kahit sino sa pamilya ay pwede magtext o tumawag ang nangyaring aksidente). Pagkatapos magreport ay binibigyan lamang ng isang buwan na palugit upang magpasa ng mga importanteng papel na nabanggit sa numero 4.
6. Kaloob din ng Group Accident Insurance ang pagkamatay ng empleyado dahil sa biglaang pagkabangungot o tinatawag na Natural Death. Ang pagkamatay dahil sa atake sa puso at sa may Pre-Existing na sakit ay hindi kasama sa Natural Death.

Lubos kong naintindihan at naunawaan ang lahat ng tinalakay tungkol sa Group Accident Insurance.

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Buong Pangalan na may Pirma sa ibabaw

## AUTHORITY TO DEDUCT

I, the undersigned, hereby authorize \_\_\_\_\_  
to deduct from my salary, the amount of \_\_\_\_\_  
(P \_\_\_\_\_) as payment for my \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Conforme;

\_\_\_\_\_  
Employee's Signature over printed name

\_\_\_\_\_  
Company Client Assigned

Noted By:

\_\_\_\_\_

## EMPLOYMENT INFORMATION

Your employer is \_\_\_\_\_ and not the client-company. Always bear this in mind because all your employee benefits will come from your employer and not from client-company. You are entitled to a Php5,000.00 hospitalization benefits in case of injuries from an accident while on duty, and Php50,000.00 life insurance which will be given to your beneficiaries in case of death during time of work. Deductions of Accident Group Insurance will be made every pay day in the amount of P \_\_\_\_\_;SSS,Philhealth and Pag-IBIG, once a month.

### REMINDERS:

<b>Basic Salary</b>	:	_____
<b>Pay Day</b>	:	_____
<b>Working Period</b>	:	_____
<b>Submission/Pick-up of Time Sheet</b>	:	_____

- Always wear your uniform and I.D during working hours
- Late DTR means late salary
- Time Sheet should be signed by the supervisor
- For every overtime you have to accomplish an OT Authorized Slip signed by authorized signatory.
- NO O.T SLIP-- NO PAYMENT
- If payday falls on Saturday or Sunday, automatically payday will be Monday.
- Cut-off 13<sup>th</sup> month pay computation is given after the expiration of contract.
- Withholding Tax deduction is determined by your status and gross income based on the official BIR table.
- SSS, Philhealth and BCC deductions are based on Official SSS tables.
- Report to office two days before the expiration of contract for clearance.
- Your last salary will not be related without a clearance signed by authorized signatories.
- Your I.D will be surrendered upon the expiration of your contract.
- Fine for lost of I.D is P100.00.

### CONFORME:



## MAR Employment for Good Services, Inc.

2<sup>nd</sup> and 3<sup>rd</sup> Floor JEM Bldg Maysan Road Valenzuela City  
Tel. Nos.: 277-5309/ 277-2959 Telefax No.

Date :

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear: \_\_\_\_\_

This is to confirm the acceptance of your services under the following terms and conditions:

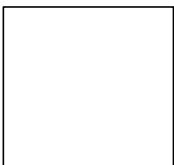
1. Your work assignment shall take effect on \_\_\_\_\_.
2. The client-company where you are assigned is at \_\_\_\_\_ located at \_\_\_\_\_, earlier oriented, described and discussed with you have acknowledged to have fully understood and accepted;
3. You will be holding the position of \_\_\_\_\_.
4. Your compensation shall be in accordance with the present minimum wage of P \_\_\_\_\_ per day, plus other labor related benefits provided by law;
5. You shall render full time service to the client-company in accordance with its regularly established working days and hours;;
6. You shall abide by the rules and regulations of the client-company and any violations or infraction committed shall be sufficient ground for the immediate termination of this contract upon observance of due process;
7. You shall remain secured in your present assignment unless earlier recalled due to completion of the work or phase of the work where you are assigned or if your work performance does not measure up to client-company's work requirements and standards, or if for just or authorized cause as provided by law, in such case, you will be transferred to another work assignment.

Your signature and thumb mark below shall indicate your full acceptance and understanding of this contract.

Very truly yours,

  
\_\_\_\_\_  
**PETER JOHN A. RAMOS**  
**PRESIDENT**

**ACCEPTED AND UNDERSTOOD:**



\_\_\_\_\_  
(Employee's Signature over printed name)

**Thumb mark**