

	<b>ENTERPRISE CORE SERVICES FORMS</b>	Date Effective <b>{{date}}</b>
DEPARTMENT:HRD	TITLE	FM_HRD_AHI_005.0
SECTION:RECRUITMENT	Employee Data Sheet	

2650 A. Bonifacio St., Bangkal, Makati City  
Employee Data Sheet (EDS)

DESIRED POSITION: ACCOUNTING MANAGER DESIRED SALARY: 30,000 - 50,000  
CONTACT NUMBER/S: 3659202 DATE: 2017-09-30

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Surname: Garcia		Given Name: Tirso		Middle Name		Nick Name Jun	
City / Present Address: 1365 dm compount hearoes del 96 caloocan city Caloocan				Provincial Address: Philippines			
Birth Date: December 15, 1980		Birth Place		Age 36	Sex Male	Height	Weight
Civil (X) Single		( ) Married		( ) Widow/er		( ) Separated	
Status:				Citizenship		Religion	
SSS Number: 234234324		TIN: 234234		Pag-ibig Number: 2222222222222222		Philhealth: 111111111111	

#### IF MARRIED

Name of Spouse:		Age:		Occupation:	
Name of Children:		Age:		Name of Children:	
Age:				Age:	
Father's Name:		Age:		Occupation:	
Mother's Name:		Age:		Occupation:	
Brother's / Sister's:		Age:		Occupation:	
Brother's / Sister's:		Age:		Occupation:	

#### EDUCATIONAL ATTAINMENT

EDUCATION	INSTITUTION	INCLUSIDVE DATE		COURSE DEGREE FINISHED	HONORS / AWARDS
		FROM	TO		
Tertiary	AMA	2000	2014	Graduated	

#### WORK EXPERIENCE

COMPANY	POSITION	INCLUSIDVE DATE		NO OF YEARS / MONTHS	SALARY	REASON FOR LEAVING
		FROM:	TO:			

#### TRAINING/SEMINARS ATTENDED

COURSE/PROGRAM TITLE	CONDUCTED/SPONSORED BY	DATE
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#### EXTRA CURRICULAR ACTIVITIES

Name of Organization	Position	Date
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#### FRIENDS OF RELATIVE CONNECTED TO ARMADILLO HOLDINGS, INC.

Name	Relation	Position	Branch/Dept.
asdfsdf	asdfsdf	asdfsdf	asdfsdf
GARCES, JOCELYN	dfddddd	aaa	bbbbb

#### CHARACTER REFERENCES (Not related to you or former employer)

Name	Organization	Position	Contact Number
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LANGUAGE/DIALECT SPOKEN:	ad asdf		
HOBBIES/INTEREST:			
MACHINE OPERATED:	bbbbbbbbbb		
SPECIAL TALENT/SKILLS:			
DO YOU HAVE A DRIVER'S LICENSE? ( )Yes ( X )No Type of License: ( )Non-Pro ( )Professional ( )Student			
DO YOU HAVE ANY PROFESSIONAL REGULATION COMMISSION (PRC) LICENSE? ( )Yes ( X )No			
Type of license:	aaaaaaaaaaaaaa	License # 3333333	Date of Expiration: September 22, 1999
HAVE YOU BEEN ILL FOR THE PAST 6 MONTHS? ( )Yes ( X )No			
If yes, type of illness? sdsdssd			
HAVE YOU EVER BEEN TRIED IN COURT? ( )Yes ( X )No ( )Acquitted ( )Found Guilty			
HOW DID YOU LEARN ABOUT THIS JOB OPENING? ( { } )News ( { } )Ad ( { } )Walk-in ( { } )Referral			
WHEN CAN YOU START? imeediate			
If referral, who referred you to this company? _____			

I understand that any misrepresentation or any omission of facts or whatever nature required by this application shall be considered sufficient cause of dismissal at any time during employment with ARMADILLO HOLDINGS, INC.

If employed, I promise to undertake and abide all rules and regulations standards, prescribed by this Company. I understand and agree that any deviation, violation from any company rules, policies, procedures and code of discipline, established practises is a sufficient ground for termination of my service from the company.

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Signature of Applicant