

**APPLICATION FOR LOCAL EMPLOYMENT**

Date (MM/DD/YY) 08/29/24

PERSONAL INFORMATION									
Name as per Passport	First Name	Samuel	Middle Name	Rosales	Last Name	Hernandez			
Permanent Address	Sitio Talipapa, Brgy. San Francisco Tiaong Quezon								
Contact Details	Home	n/a	Mobile	0909 893 1859	E-mail Address	cpe.hernandez.samuel@gmail.com			
Current Address	Sitio Talipapa, Brgy. San Francisco Tiaong Quezon								
Date of Birth (MM/DD/YY)	08/15/02	Civil Status	Single	No. of Dependents	0	Religion	Roman Catholic		
Highest Educational Attainment Finished (Please indicate specific degree/course for College/Vocational/Technical)				BS in Computer Engineering			Year Graduated	2024	
Have you had your educational certificates authenticated by the DFA?				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If yes, when?	
CURRENT SITUATION									
Position Applied For	Programmer								
Total Years of Experience	Domestic	0	Overseas	0					
Earliest Availability Date	13/09/24			Notice Period Required	n/a				
LAST/CURRENT EMPLOYMENT DETAILS									
Currently Employed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Position	N/A			
Current/Last Salary Package	N/A				Employer	N/A			
Standard Working Hrs. Per Week	N/A				Last/Current Employment	N/A			
Other Allowances, if any	N/A				Location	N/A			
Overtime Claim	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Overtime Rate	N/A			
Expected Salary	25,000								
HEALTH INFORMATION									
1. Do You Have a History of:				Please tick where applicable					
				No	Yes	If Yes, please specify			
a. Hypertension or Heart Problems				<input checked="" type="checkbox"/>	<input type="checkbox"/>				
b. Lung Problems (Tuberculosis, Lung Scar, etc.)				<input checked="" type="checkbox"/>	<input type="checkbox"/>				
c. Eye Problems (Color Blindness, etc.)				<input checked="" type="checkbox"/>	<input type="checkbox"/>				
d. Communicable / Infectious Diseases				<input checked="" type="checkbox"/>	<input type="checkbox"/>				
2. Have you had any major Medical Treatment or Operation in the last 2 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Have you had any other health issue/s?				<input checked="" type="checkbox"/>	<input type="checkbox"/>				
COVID-19 VACCINATION STATUS									
1. Have you been vaccinated for COVID-19?					Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
2. If so, how many doses have been administered?					1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	
3. What is the brand of vaccine?					Pfizer				
4. Have you taken the COVID-19 booster shot?					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Booster brand of vaccine N/A
CHARACTER REFERENCES									
Name:	Christian Ditan								
Company:	NextVas			Contact Number/s:	0994 649 6206				
Position Title:	Customer Service Representative			Email Address:					
Name:	Ronieliza Sansebucho								
Company:	Pamantasan ng Lungsod ng San Pablo			Contact Number/s:	0946 907 4566				
Position Title:	Office Staff			Email Address:					
Name:									
Company:				Contact Number/s:					
Position Title:				Email Address:					

COMMENTS, IF ANY

By completing and submitting this form, I provide my free, voluntary, and unconditional consent for the collection, processing, and handling of my personal information for the purpose of background screening as part of the recruitment process by the Company, JGC Technical Services Philippines, Inc. I authorize the Company to conduct background checks with relevant parties, including previous and current employers and their representatives, to evaluate my application.

I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that any false information or misrepresentation may lead to refusal of employment or, if already employed, termination of my employment.

**If you submit this form electronically please tick the check box as an alternative to signing the form.**

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SAMUEL R. HERNANDEZ  
Name in Full