

AUTHORIZATION

I,	Sheradine P. Laura, of legal age, with address at st. Rizal village Alabang Muntinlupa City, a dergraduate of Centro Escolar University - Makati ee in BS in Medical Technology in the year 2022, and I hereby say that:
51 crispir	st. Kizal Village Alabang Muntinlupa City
graduate/und	dergraduate of <u>Centro</u> Escolar University - Makati
with a degr	ee in BS in medical technology in the year 2022, and I hereby
depose and	say that:
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1.	I have applied as Medical Technologist with
70.5	Acian Hospital and medical center with office address at
	2205 Civic Drive, Filinvest City, Alabang, Muntinlupa City
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	tuly
2.	Part of the documents that I have submitted to the said company is my duly
	accomplished Application Form and waiver;
<u>a</u> .	- sa s s s s s s s s s s s s s s s s s s
3.	The verification of all my records was outsourced by fisian Hospital
	and Medical Center to Human Capital Asia Inc., with
	office address at Unit 301 Jollibee Center, San Miguel Avenue, Brgy. San
	Antonio, Pasig City;
4.	I am authorizing Human Capital Asia, Inc., or any of its authorized
	representatives, to verify the veracity of my records, such as previous
	employment records, neighborhood or barangay records, court cases and
	Academic Transcript of Records, in compliance with the provisions of the
	Data Privacy Act 2012 of the Republic of the Philippines.
	Name Taylord A var and a var and Lands
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5.	I am executing this authorization to attest to the truth of the foregoing facts
5.	and for whatever legal purposes this authorization may serve.
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SHERADINE P. LAURA 04-20-23
Printed Name and Signature of Applicant