



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

PEREZ, JEROME ALONZO

TIN: 712-130-121-000

Lot 14 Blk. 42 Moonstone Street

Rocka Vill. II Tabang Plaridel

Bulacan

BIRTH DATE: 08/05/1987

ISSUE DATE: 11/27/2017



[Handwritten Signature]

SIGNATURE

STATUTORY NUMBERS

SSS NO. (xx-xxxxxx-x): 3454089661	PHILHEALTH NO. (xx-xxxxxxxx-x): 21-025344394-9
TIN (xxx-xxx-xxx-000): 712-130-121-00000	PAG-IBIG NO. (xxxx-xxxx-xxxx): 121156008150

PROFESSIONAL/CHARACTER REFERENCES:

- * Kindly provide a minimum of three (3) to a maximum of five (5) names and a **VALID** contact numbers of **former On-the-Job Training Supervisors OR former Immediate Supervisors**.
- * Please list only individuals familiar with your professional skills or work abilities or those that you have worked with recently. **Friends, Neighbors, Relatives** do not qualify as references.

	NAME	RELATION	SCHOOL/COMPANY	CONTACT NUMBER / S	EMAIL
1	Michael Joseph Quinto	Manager II	Concentrix Ph.	09173227107	Michaeljoseph.quinto@concentrix.com
2	Mar Kevin Magadia	Manager	SY KES Asia	09178671848	
3	Jephte Moneda	Sr. Manager	SY KES Asia	09175442249	
4	Gino Lazatin Magat	Managing Director	Ampersand Management	09209061170	
5	Rieger Coronel Cruz	Managing Director	Ampersand Management	09175380148	

LETTER OF AUTHORIZATION

I hereby authorize the employer and any person or organization acting on its behalf to verify information presented in my application form and to conduct a background screening report for that purpose, I understand that such report may contain information about my background, character and personal reputation. I further understand and agree that, in the event of my employment, a background screening report may be obtained in connection with subsequent employment decisions.


Upon my written request, I will be advised of the name and address of each employment reporting agency from which an employment report or investigative report may be obtained. I also voluntarily authorize **Infosys BPM Ltd.**, and a vendor on its behalf, to perform reference checks of my employment (with the exception of my current employer, unless I have authorized such contact or commenced employment with Employer) and such other checks and inquiries are necessary in order to verify information provided by me in my employment application. I hereby release all persons or entities requesting or supplying such information from liability. Moreover, I understand that my employment with the firm may be terminated with immediate effect should any information provided herein be proven untrue.

Full Name: Jerome Alonzo Perez

Date of Birth: 8-5-1987

Identity #: Drivers License C07-06-014892
(Passport/Driver's License/SSS/TIN)

Date: 2/9/2023

Signature: 



Ciencia y Virtud

Centro Escolar University

PHILIPPINES

GRANTED FULL AUTONOMY BY THE COMMISSION ON HIGHER EDUCATION

*The Board of Directors of the Centro Escolar University,
upon recommendation of the faculty of the College of Education, Liberal Arts and Science
and the University Council, has conferred the degree*

Bachelor of Science in Psychology

on

Jerome A. Perez

with all the rights, honors and privileges pertaining thereto.

Given on the twenty-eighth day of March, two thousand and fifteen, Malolos City, Philippines.

Elizabeth C. Roces

ELIZABETH C. ROCES, PH. D.
DEAN



Cristina D. Padolina
MA. CRISTINA D. PADOLINA, PH. D.
PRESIDENT