

## JOB APPLICATION FORM

Customer service representative	04/01/2023
Position Applied For	Date Filed (MM/DD/YYYY)

### PERSONAL INFORMATION

Please provide all information in print

Last Name <b>Lacaba</b>	First Name <b>Erika Shaine</b>	Middle Name <b>Taborete</b>	Suffix
Maiden Name / Other Name <b>N/A</b>	Date of Birth (MM/DD/YYYY) <b>01/29/1991</b>	Sex <b>Female</b>	Civil Status <b>Single</b>
Nationality <b>Filipino</b>	Contact No. <b>09176560129</b>	Best Time to Call <b>11AM-2PM</b>	
Email Address			

### ADDRESSES for the last 7 years

Number / Street / Village <b>17 Salamat St</b>			
Barangay <b>North signal</b>		State / City <b>Taguig city</b>	Province <b>Metro Manila</b>
Country <b>Philippines</b>	Postal Code <b>1632</b>	Years of Stay (MM/YYYY) From <b>03/2012</b>	To <b>Present</b>

Number / Street / Village			
Barangay		State / City	Province
Country	Postal Code	Years of Stay (MM/YYYY) From	To

Number / Street / Village			
Barangay		State / City	Province
Country	Postal Code	Years of Stay (MM/YYYY) From	To

## EDUCATIONAL BACKGROUND

### Highest Completed Education Details *(Please Do Not Fill Pursuing Education)*

Name of Institution <b>Centro Escolar University</b>			
Number / Street / Village <b>103 Esteban St. Legaspi Village</b>	State / City / Province <b>Makati City</b>	Country <b>Philippines</b>	Postal Code <b>1226</b>
Name in School Records <b>Erika Shaine Lacaba</b>			
Educational Attainment (Post-Graduate / College / Diploma / Vocational / Senior HS / High School) <b>College</b>			
Dates Attended (MM/DD/YYYY) From <b>06/01/2007</b>		To <b>04/11/2011</b>	
Date of Graduation (MM/DD/YYYY) <b>04/11/2011</b>		Course of Study <b>BS Hotel and Restaurant Management</b>	
Honors / Awards Received		Student No.	
Professor / Teacher's Name <b>MA. CRISTINA D. PADOLINA</b>	Contact No. <b>(+63)2 8735-68-61 to 71 loc.201</b>	Best Time to Call <b>8AM-5PM</b>	

## PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS

### List information according to your most recent professional license / certification

Civil Service / R.A. 1080 (Board / Bar)	Date of Examination / Conferment (MM/DD/YYYY)	Place of Examination / Conferment	License Number	Date of Validity (MM/DD/YYYY)

## EMPLOYMENT HISTORY

List information according to your most recent employer for the last 5 years

Name of Company C3 Customer Contact Channels	Contact No. / Email ID: 27750333	Alternative Contact No. / Email ID:	Employee ID No.
Number / Street / Village 11th Floor, Bonifacio One Technology Tower, Rizal Drive, 1634 31st Street, Taguig, Metro Manila	State / City / Province	Country	Postal Code
<b>If employed through an agency, kindly indicate the name and contact information of the agency:</b> Name of Agency: _____ Address: _____ Contact No.: _____			
Status of Employment <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input checked="" type="checkbox"/> Regular</div> <div style="text-align: center;"><input type="checkbox"/> Contractual</div> <div style="text-align: center;"><input type="checkbox"/> Probationary</div> <div style="text-align: center;"><input type="checkbox"/> Seasonal / On-Call</div> </div>			
Dates of Employment (MM/DD/YYYY) From 08/19/2021		To <i>(for currently employed, kindly indicate last working day)</i> 09/21/2022	
Most Recent Job Title Customer service representative		Department Centene	
Can we contact your current employer? (Kindly indicate <b>N/A</b> if not applicable) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, please indicate the date of availability: _____			
Reason for Leaving: I wanted to experience a different environment to help me to grow		Salary / Financial Probity (if applicable to verify the credit check)	
Job Responsibilities: Providing eligibility and benefits			

Name of Company <b>24/7.ai Philippines</b>		Contact No. <b>02 7792 4777</b>	Alternative Contact No. / Email ID:	Employee ID No.
Number / Street / Village <b>50 Lawton Ave, Taguig, 1630 Metro Manila</b>		State / City / Province		Country
Postal Code				
<b>If employed through an agency, kindly indicate the name and contact information of the agency:</b>				
Name of Agency: _____		Address: _____		Contact No.: _____
Status of Employment				
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Probationary <input type="checkbox"/> Seasonal / On-Call				
Dates of Employment (MM/DD/YYYY)				
From <b>03/18/2019</b>		To <b>05/08/2020</b>		
Most Recent Job Title <b>Customer service representative</b>		Department <b>Optus</b>		
Can we contact your current employer? (Kindly indicate <b>N/A</b> if not applicable)				
Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No If No, please indicate the date of availability: _____				
Reason for Leaving: It is the start of the pandemic and that time Im scared and I feel it is risky to go outside		Salary / Financial Probity (if applicable to verify the credit check)		
Job Responsibilities: <b>Collection specialist</b>				

Name of Company <b>Interglobe Technologies</b>		Contact No. <b>(02) 8583 9896</b>	Alternative Contact No. / Email ID:	Employee ID No.
Number / Street / Village <b>18/20 Upper McKinley Rd, Taguig, 1634 Metro Manila</b>		State / City / Province		Country
Postal Code				
<b>If employed through an agency, kindly indicate the name and contact information of the agency:</b>				
Name of Agency: _____		Address: _____		Contact No.: _____
Status of Employment				
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Probationary <input type="checkbox"/> Seasonal / On-Call				
Dates of Employment (MM/DD/YYYY)				
From <b>08/22/2015</b>		To <b>07/22/2016</b>		
Most Recent Job Title <b>Customer service representative</b>		Department <b>United Airlines</b>		
Can we contact your current employer? (Kindly indicate <b>N/A</b> if not applicable)				
Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No If No, please indicate the date of availability: _____				
Reason for Leaving: to work in a different work environment and earn better compensation		Salary / Financial Probity (if applicable to verify the credit check)		
Job Responsibilities: <b>Book, modify and cancel tickets</b>				

## PROFESSIONAL REFERENCES

Name Erman Doctor	Contact No. (0961) 730 9896	Other Contact No. / Email Address
Employer C3 Customer Contact Channels	Job Title Team Leader	
Relation / Affiliation Colleague	Best Time to Call 8AM-5PM	

Name Joanne Portugal	Contact No. Portugal.joanne@gmail.com	Other Contact No. / Email Address
Employer 24/7.ai Philippines	Job Title Team Leader	
Relation / Affiliation Colleague	Best Time to Call 8AM-5PM	

Name Jovel Cervantes	Contact No. jovel.cervantes@igt.in	Other Contact No. / Email Address
Employer 24/7.ai Philippines	Job Title Team Leader	
Relation / Affiliation Colleague	Best Time to Call 8AM-5PM	

## CHARACTER/PERSONAL REFERENCES

Name Claire Magat	Contact No. 09673179917	Other Contact No. / Email Address
Employer JDDM	Job Title CSR	
Relation / Affiliation Friend	Best Time to Call 8AM-5PM	

Name Paula Lee	Contact No. 09356982043	Other Contact No. / Email Address
Employer Okada	Job Title Airport Lounge Attendant	
Relation / Affiliation Friend	Best Time to Call 8AM-5PM	

Name Oliver Shane De Guzman	Contact No. 09218114679	Other Contact No. / Email Address
Employer Accenture	Job Title CSR	
Relation / Affiliation Friend	Best Time to Call 8AM-5PM	



## BACKGROUND SCREENING CONSENT


I declare that the information I have provided in the Job Application Form, and in any submitted and/or attached documents, is true and complete to the best of my knowledge and belief, and that I have answered the questions fully and accurately.

I understand that my pre-employment background screening will include any or all of the following checks:

Any or all of the following will be checked:	
<ul style="list-style-type: none"> <li>• Address Check</li> <li>• References Check</li> <li>• Eligibility to Work</li> <li>• Identity Check</li> <li>• Employment/Education History</li> <li>• Professional Qualifications/Memberships</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Probity</li> <li>• Basic Criminality and/or International criminal background check via jurisdictional court data</li> <li>• Media Search</li> <li>• Sanction List</li> <li>• Directorship Search</li> </ul>

I authorize Vanguard Screening Solutions Inc., as the data processor, an independent agent acting on behalf of my prospective employer, as the data controller, to verify information presented in my Job Application Form, in any submitted and/or attached documents, which may include personal and sensitive information for the purposes of compliance with the Philippine Data Protection Act of 2012 (DPA) and/or the data protection legislation relevant to another country, as applicable. I understand and agree that, where my personal history required background verifications to be carried out in countries where I have worked and/or resided, in respect of my employment or education or residence, my data may be sent and processed in those relevant countries and be governed by applicable data protection legislation which is relevant to the country specified.

I also authorize Vanguard Screening Solutions Inc. to (a) verify my academic/professional qualifications (and for educational establishments to release information) as well as my employment, including my current employer; (b) contact the appropriate in-country government departments or agencies to confirm periods of unemployment, if applicable, and to access my personal online SSS account to check my records upon instruction of my employer; (c) contact the Identity and Passport Service, if required; (d) perform an international criminal records check (as appropriate); and (e) receive and copy the results of the checks at their office addresses and communicate the results to my prospective employer. I understand that the results of my screening will be communicated by Vanguard Screening Solutions Inc. to my prospective employer who in turn may keep a copy on my personnel file. I understand and accept that Vanguard Screening Solutions Inc. may contact me and my referees by telephone, email or mail for the purposes set out above. I confirm that my consent is explicit, fully informed and freely given for the purposes of the background verifications stated above.

Signature :   
 Full Name : Erika Shaine Lacaba  
 Maiden Name or Other Name : Erika Shaine Taborete Lacaba  
 Date : 04/01/2023