

AUTHORIZATION

graduate/un with a deg depose and	dergraduate of <u>(entro)</u> Escolar University Manila ree in <u>Bachalist of Science in marmary</u> in the year <u>2022</u> , and I hereby say that:
1	I have applied as Phor massist with
**	Acine Hausital and Medical Center with office address at
	2285 Cone Drive Filinvest Corporate City Massang , wattaluga City ;
2.	Part of the documents that I have submitted to the said company is my duly accomplished Application Form and waiver;
3.	The verification of all my records was outsourced by Asian Westing and Medical GARES 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.
5.	I am executing this authorization to attest to the truth of the foregoing facts and for whatever legal purposes this authorization may serve.
	February 4 . 2023

Printed Name and Signature of Applicant