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|  CLC QEA MARINE SERVICES INC. | Section | 02-HIRING PROCEDURE |
| | Document Code | FORM-06-02-01 |
| | Revision Rev. date: | |
| Chapter # 6 RESOURCES AND PERSONNEL | APPLICATION FORM | |

PHOTO

APPLICATION FORM

| | | |
|-------------------|-----------------|---------------|
| Position Applied: | Date Available: | Date Applied: |
|-------------------|-----------------|---------------|

1. PERSONAL & FAMILY INFORMATION

| | | | |
|----------------|-----------------|---------------|----------------|
| Family Name: | Given Name: | Middle Name: | Father's Name: |
| Date of Birth: | Place of Birth: | Religion: | Mother's Name: |
| Age: | Height: | Weight: | Next of Kin: |
| SSS #: | TIN #: | PHILHEALTH #: | PAG-IBIG #: |

Civil Status:

2. CONTACT INFORMATION

| | | |
|-----------------|----------------|-----------------------|
| E-Mail Address: | Telephone No.: | Mobile Telephone No.: |
| Manila Address: | | Provincial Address: |

3. SEAFARER'S DOCUMENTS


| | NUMBER | DATE ISSUED | EXPIRY DATE |
|------------|--------|-------------|-------------|
| SIRB | | | |
| SRC | | | |
| DCOC / QDC | | | |

4. EDUCATION & SKILLS

| | | | |
|-------------------------------|---------|-------|--------------------|
| College/School Last Attended: | Course: | From: | ENGLISH KNOWLEDGE: |
| | | To: | |

5. TRAININGS AND SEMINARS ATTENDED

| SEMINAR NAME | CERT. NO. | INCLUSIVE DATE/S | VENUE | SEMINAR PROVIDER |
|--------------|-----------|------------------|-------|------------------|
| | | | | |
| | | | | |
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6. EMPLOYMENT HISTORY (START FROM THE MOST RECENT)

| INCLUSIVE DATES | NAME OF COMPANY/ADDRESS | POSITION | REASON FOR LEAVING |
|-----------------|-------------------------|----------|--------------------|
| | | | |
| | | | |
| | | | |

7. MISCELLANEOUS

| | YES | NO | IF "YES" PLEASE SPECIFY |
|--|-----|----|-------------------------|
| Have you filed any legal case/claim against another company? | | | |
| Are you a member of a union? | | | |
| Have you received any disability benefits? | | | |

8. OTHER INFORMATION/BENEFICIARY

| | | | |
|----------------|--|----------------|-----------------|
| SPOUSE'S NAME: | | DATE OF BIRTH: | CONTACT NUMBER: |
|----------------|--|----------------|-----------------|

| | | | |
|----------|--|--|--|
| ADDRESS: | | | |
|----------|--|--|--|

| | | | |
|---|--|--|--|
| NO. OF DEPENDENT (NAME / RELATION / DATE OF BIRTH / REMARKS): | | | |
|---|--|--|--|


| NAME | RELATION | DATE OF BIRTH | REMARKS |
|------|----------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

10. PERSON TO NOTIFY IN CASE OF EMERGENCY:

RELATIONSHIP: _____ CONTACT NUMBER/S: _____

ADDRESS: _____

I DO HEREBY CERTIFY that the information and statements in this application are all true and correct to the best of my knowledge, and that I am fully aware that any false information or statement in this application is grounds for disqualification and criminal prosecution for falsification.

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DATE

SIGNATURE