



NAME: \_\_\_\_\_ LAST/CURRENT EMPLOYER: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ POSITION: \_\_\_\_\_

EXPECTED SALARY: \_\_\_\_\_ RANK: \_\_\_\_\_

	MONTHLY	MODE OF PAYMENT (cash/kind)	REMARKS
Basic Salary			
Guaranteed Bonus			
13 <sup>th</sup> month			
Other bonuses			
Tax shield			
ALLOWANCES			
• Rice			
• Meal			
• Transportation			
• Mobile			
• Other Allowances			
HMO			
Life Insurance			
Sick Leave		Monetize (Yes or No)	
Vacation Leave		Monetize (Yes or No)	
Other leaves			
Other Benefits			

I hereby certify under pain of perjury that all information given above is true. I give the ASIAN INSTITUTE OF MANAGEMENT the right to check out all information given here.

I understand and accept that any false or inaccurate statement, any misinterpretation of facts or any omission deliberately made in this form shall be sufficient cause for my application to be rejected; or, if accepted, for my employment to be terminated anytime.

\_\_\_\_\_  
Applicant's signature over printed name

\_\_\_\_\_  
Date

Note: This form is strictly confidential. For HRS use only