×				ENTERPRISE CORE SERVICES FORMS				_	Date Effective March 01,2013					
DEPARTMENT:HRD				TITLE					FM	FM_HRD_AHI_005.0				
SECTION:RECRUITMENT				Employee Data Sheet										
	2		onifacio St. ployee Da	_		_								
DESIRED POSITION: ACCOUNTING ASSISTANT CONTACT NUMBER/S:			i	DESIRED SA		ALARY: 14,000 - 16,0								
				_		T								
			Given Nar	me:	Middle Name				Nick			Name		
	Dela Cruz Juan				r			Provincial Address:						
City / Present Add Muntinlupa City M		. City						ess:						
Birth Date:					Philippines		Sex Hei		oiabt	ight Weight				
August 17, 1990						Age Sex Male			Height			weight		
Civil (X)		()	()		(Religio	<u> </u> nn	
Status: Single		arried	() Widow/e	r Se	•	, ated		Citizenship Religion				J11		
SSS Number:					Philhealth:									
SSS HAITIBET.				l ag		.Jig Hullibel.		''		·······································				
IF MARRIED				J.										
Name of Spouse:				Age:			Occu	Occupation:						
Name of Children:			Age	Age:		Name of Children:				-		Ag	ie:	
			1.90									1 1 1		
Father's Name: Age:		\ge:	Occupation:			Mother's Name:			A	Age:		Осс	upation:	
Brother's / Sister's: Age:			Осси	Occupation:		Brother's / Sister's:		Age:		000	upation:			
Brother 3 / Sister 3	,, <u>,</u>	·ge.	Осси	pacioni		Brother 5	7 5150	C1 5.		90.		1000	арастотт.	
EDUCATIONAL A	TTAINM	ENT												
						INCLUSID	VE DA	ATE COURSI		E DEGREE		T -	IONORS /	
EDUCATION		INST	ITUTION	ON		FROM				FINISHED		AWARDS		
Tertiary I	rtiary Don Bosco			20			2004 2008 Gradua			ated				
WORK EXPERIEN	ICE													
COMPANY							NO OF				ASON FOR			
			POSITION			FROM:	ТО	YEARS O: MONTH		SALARY		–	LEAVING	
								<u>. </u>	MONTHS					
TRAINING/SEMIN			-			CONDITION		2011	20055	· · · · · · · · · · · · · · · · · · ·		1	DATE	
COURSE/PROGRAM TITLE						CONDUCTED/SPONSORED BY							DATE	
EXTRA CURRICUI	LAR ACT	TIVITIES												
Name	e of Orga	nization					Posit	ion					Date	
FRIENDS OF REL	ATIVE C	ONNECT	ED TO AR	MADILL	.0 н	OLDINGS	S, INC					•		
Name		Relation				Position				Branch/Dept.				
CHARACTER REF	ERENCE	S (Not re	elated to	you or	forn	ner empl	oyer)							
Name Daisy Dela Cruz		Organiza	Organization		Position				Contact Number					

LANGUAGE/DIALECT SPOKEN:								
HOBBIES/INTEREST:								
MACHINE OPERATED:								
SPECIAL TALENT/SKILLS:								
DO YOU HAVE A DRIVER'S LICENSI	E? ()Yes (X)No Type of Lic	cense: ()Non-Pro ()Professional ()Student						
DO YOU HAVE ANY PROFESSIONAL	. REGULATION COMISSION	(PRC) LICENSE? ()Yes (X)No						
Type of license:	License #	Date of Expiration:						
HAVE YOU BEEN ILL FOR THE PAST	6 MONTHS? ()Yes (X)No	<u> </u>						
If yes, type of illnes?								
HAVE YOU EVER BEEN TRIED IN CO	DURT? ()Yes (X)No ()Aqu	uitted ()Found Guilty						
HOW DID YOU LEARN ABOUT THIS	JOB OPENING? Jobstreet -	Advertising						
WHEN CAN YOU START? ASAP								
If referral, who referred you to this company?								
		facts or whatever nature required by this apping employment with ARMADILLO HOLDINGS, I						
undertand and agree that any	deviation, violation from	and regulations standards, prescribed by this n any company rules, policies, procedures rmination of my service from the company.						
		Signatu	re of Applicant					