

75 Esteban Abada St., Loyola Heights, Q.C. Tel. No. 9900413

INFORMATION SHEET

Instructions: **Print legibly your answers. **Fill-out the required fields. **Place N/A when appropriate.					HOTO 2x2		
How did you come to l	know of this	Company?					
		_					
Outlet:		_					
ID NO: Personal Information						1	
Name:							
Name.							
(Surname)		(First Name)	(1)	∕liddle Nam	e)	
Nick Name:		,	Citizenship			-,	
Sex:	Civil Status	:		Age:			
Address (City):	•			, 0			
Address (Provincial):							
Landline:			Mobile:				
Fax			Email:				
Date of Birth:		Place of Bir					
Religion:		Weight:		Height:			
Spouse's Name:			Occupation	of Spouse:			
Number of Children:			No. of Dependents:				
Family Background (In	ıclude parer	nts, siblings a	and children	. Use separate	sheet if ne	ecessary.)	
Name	Add	dress	Age	Relationship	Office / School	Occupation	
Declaration							
1 Have you e If YES, Plea 2 Have you e If YES, stat	ise specify: ever been ch			ny crime?			

	you ever been o oyer/s?	harged adn	ninistratively	by your pi	revious	
	-					
	state why:		congrated for	. cours fro	om the service of your past	
	state why:		separateu ioi	cause irc	on the service of your past	
Education						
Elementary						
School:			duated:	Honors/Awards:		
High School						
School:		Year Grad	duated:	Honors/Awards:		
Vocational						
School:		Year Grad	duated:	Course:		
College		•				
School:		Year Grad	duated:		Course:	
Post Graduate		•			.	
School:		Year Grad	duated:	Course:		
Employment Hist 1. Company:	ory (Start from	the most re	ecent/present) Contact N	No	
Address:				Contact i	10.	
Position:	Date Emp	Date Employed:		ated:	Salary:	
Reason/s for Leav	ing:					
2. Company:				Contact N	No.	
Address:						
Position:	Date Emp	Date Employed:		ated:	Salary:	
Reason/s for Leav	ing:		•		•	
3. Company:				Contact N	No.	
Address:						
Position:	Date Emp	Date Employed:		ated:	Salary:	
Reason/s for Leav	ing:					
4. Company:				Contact N	No.	
Address:	<u> </u>		1		•	
Position:	Date Emp	Date Employed:		ated:	Salary:	
Reason/s for Leav	ing:					
5. Company:				Contact N	No.	
Address:	<u> </u>		1		•	
Position:	Date Emp	Date Employed:		ated:	Salary:	
Reason/s for Leav						
Government Exa	minations Passe					
Exam:		Date	Date Taken:		Date Passed/Certified:	
1.						

Seminars / Trainings A	ttended					
Name:				Year:		
1.						
2.						
3.						
4.						
Membership / Affiliati	on / Organi	zation				
Name:		Posi	tion:	Mer	nbership Period:	
1.						
2.						
3.						
Skills						
1.						
2.						
3.						
4						
Reference Person (Rela	atives not in	icluded)				
Name:			Address:		Contact No.:	
1.						
2.						
3.						
4.						
Other relevant information	ation					
SSS Number	SSS Number PAG-IBIG		Philhealth		TIN	
Person to contact in ca	se of emer	gency				
Name:						
Contact no.:						
Address:						
Relation:						
Sketch The Residence						
Draw the map of your	current resi	dence indica	ating the sig	nificant landn	narks and/or signs,	

Why should we hire you? Answe	er in not less than 100 words.	
I hereby certify that the above i	nformation, data and record a	re true and correct to the best
	•	
Signature over printed r	 name	Date
0		
SPECIMEN SIGNATURE		
Davieus d bus	Natada.	Anna and III
Reviewed by:	Noted by:	Approved by:
Madelyn V. Meriño	Ma. Erwinda F. Villanueva	Rex B. Liao

Fin. And Admin Manager

HR Assistant

Gen. Manager