



**APEIROS SECURITY SOLUTIONS  
AND INVESTIGATION AGENCY, INC.**

" Pinnacle of reliability . . . "

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**APPLICATION FORM**

2 x 2 picture

Form No.: AF21-03

1. Date of Application	
2. Date Hired	

**I. PERSONAL DATA**

Last Name	Given Name	Middle Name	extn	Maternal/Paternal	Nick Name
Current Address					
Permanent Address					
Contact Number(s)					
FB acct / email Add.:					
Date of Birth	Place of Birth	Nationality	Age	Sex	Height
Marital Status	Religion	Color of eyes	Complexion		Weight
			(Dark) (Fair) (light)		
Other distinguishing features, such as; Birth marks/Scars					

**II. CONTACT PERSON IN CASE OF EMERGENCY**

Name		Relationship	
Address			
Contact Number(s)			
LESP		Social Benefits	
License Number		SSS	
Date Issued		Pag-Ibig	
Date of Expiration		Philhealth	
		TIN	

**III. EDUCATIONAL ATTAINMENT**

1. ELEMENTARY		
Name of School		Date Graduated
Location		
2. HIGH SCHOOL		
Name of School		Date Graduated
Location		
3. COLLEGE		
Name of School		Date Graduated
Location		
COURSE		

## IV. EMPLOYMENT HISTORY

Date of Employment					
Date Started	Date Ended	Company Name & Address	Contact Numbers	Position	Reason of Leaving

## V. FAMILY INFORMATION

Father's Name	Age	Address	Occupation
Mother's Maiden Name	Age	Address	Occupation

## BROTHERS &amp; SISTERS

Complete Name	Age	Address	Occupation
1			
2			
3			
4			
5			
6			

Name of Spouse	Date of Birth
Address	
Date & Place Marriage	Occupation

## CHILDREN(S)

Complete Name	Age	Address	Occupation
1			
2			
3			
4			
5			
6			

## VI. PLACE OF RESIDENCY SINCE BIRTH

Inclusive Date	
Started	Ended

## VI. ORGANIZATION

Write down any organization and/or social group which you have been a member of;

Date of Membership	
Started	Ended

VII. CHARACTER REFERENCES					
Please provide at least three (3) names of persons below;					
Complete Name	Address		Occupation	Contact Number	
1					
2					
3					
VIII. SELF-DECLARATION					
a. ARREST & CONDUCT			YES	NO	
1. Have you ever been dismissed or forced to resign from a certain position and/or previous employment					
2. Have you ever been investigated/arrested and/or detained for any violation of the law? If so, state name of the court, nature of offense and disposition of the case. _____					
3. Has any member(s) of your family been investigated/arrested and/or detained for any violation of the Law?					
4. Are you willing to be assigned to any post? (yes)/(no), if NO, Please indicate the reason, Why? _____					
5. Do you use any intoxicating liquor? (yes)/(no), if so, for what extent? _____					
6. Do you use any drugs / substances prohibited by the law? If so, for what extent? _____					
b. HEALTH CONDITION					
Past/Present Medical History	YES	NO		YES	NO
Hospitalization			Urinary tract infection		
Operation			Bronchial Asthma		
PTB			Diabetes		
Hepatitis			HPN		
Allergies			Others		
Alcohol Intake per month			Present Medication		
Cigarette intake x sticks/day			Pregnancy		
1. Are you Physically fit for all types of works?					
2. Are you Physically fit for work but with minor ailment/abnormality?					
3. Are you physically fit for work but with major ailment/abnormality noted?					
IX. SKETCH OF YOUR PRESENT ADDRESS					

Start from a common Landmark nearest to your Home.

I sworn that the information and attached pages made on this application form are true and correct.

\_\_\_\_\_  
Applicant's Signature