

INSTRUCTIONS

- Print answers clearly and use black or blue pen only.
- Answer ALL questions completely and accurately.
- Any false information or misrepresentation may affect your possible employment with the Bank.
- Write NA if the item is not applicable to you.

Position Applied for			
1) _____		2) _____	
3) _____			
Recruitment Source (Kindly check the applicable box)			
<input type="checkbox"/> Newspaper Ads		<input type="checkbox"/> Job Fair	
<input type="checkbox"/> UCPB Website		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Referral (please specify) _____		<input type="checkbox"/> Others (please specify) _____	
Expected Salary		Date Available for Employment:	
Php			
PERSONAL INFORMATION			
Last Name		First Name	
		Middle Name	
		Nickname	
Date of Birth		Age	
		Place of Birth	
		Gender	
		<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Nationality		Civil Status	
		<input type="checkbox"/> Single	
		<input type="checkbox"/> Married	
		<input type="checkbox"/> Legally Separated	
		<input type="checkbox"/> Widow / Widower	
No. of Dependents			
Residence Type		Current Address	
<input type="checkbox"/> Family Owned			
<input type="checkbox"/> Personally Owned			
<input type="checkbox"/> Renting		Provincial/Permanent Address (if not the same with current address)	
<input type="checkbox"/> Boarding			
<input type="checkbox"/> Staying with Relatives			
Home Phone Number		Mobile Phone Number	
		Email Address	
SSS Number		Philhealth Number	
		TIN Number	
Pag-Ibig/HDMF Number		PRC License Number	
		Passport Number & Expiry Date	
EDUCATIONAL BACKGROUND			
HIGH SCHOOL			
Name of School		Year Attended	
Address		Achievements / Honors Received	
COLLEGE			
Name of School		Year Attended / Graduated	
Address			
Course		Achievements / Honors Received	
GRADUATE STUDIES / OTHERS			
Name of School		Year Attended / Graduated	
Address			
Course		Achievements / Honors Received	
FAMILY INFORMATION			
Name of Father (Last Name, First Name, Middle Name)		Date of Birth	
Address		Contact Number/s	
		Name of Company	
Name of Mother (Last Name, First Name, Middle Name)		Date of Birth	
Address		Contact Number/s	
		Name of Company	
Name of Spouse (Last Name, First Name, Middle Name)		Date of Birth	
Address		Contact Number/s	
		Name of Company	

USB Form No. 01-09-2019

Applicant's Signature

1.

Have you ever been involved in a civil / criminal case? If Yes, please provide specific details.
2.

Have you ever been subjected to administrative hearing, terminated or been asked to submit your voluntary resignation from any employment? If Yes, please provide specific details.
3.

What business or professional pursuits are you engaged in outside of your planned work with the Bank? Please Specify.
4.

Do you have any participation or equity, or have you accepted any secondary employment or any nature, as a director, president, treasurer, loan officer, in any company / institution / financial intermediates, whether full-time or part-time basis? If Yes, please provide specific details.
5.

Is this your first time to apply in UCPB or UCPB Savings Bank or any of its affiliates and subsidiaries?
If No, please indicate month and year you last applied.
6.

Do you have any relatives working in UCPB Or UCPB Savings Bank or any of its affiliates and subsidiaries?
If Yes, please specify name, position, division / branch of assignment and relation.
7.

Do you have relatives working in other banks? If Yes, please specify name, position and bank.
8.

Are you willing to be assigned in the branch? If Yes, please specify area of preference.
9.

Have you traveled out of the country? If Yes, when and where.
10.

Have you or your family applied for immigration? If Yes, what country and when.

CHARACTER REFERENCES			
These are persons who know you personally such as former classmates, colleagues and supervisors from previous employment, close friends, neighbors, etc. Do not list names of government / school officials or parish if they have no close or direct relationship with you.			
Name	Complete Address	Contact Number/s	Years Known
1.			
2.			
3.			

SKETCH OF RESIDENCE

Please sketch the MAP to your residence. Include significant landmarks.

CONFORME	
<p>I hereby affirm that the foregoing data answers are true and correct to the best of my knowledge. In consideration of my application, I hereby authorize the Bank to verify any of the foregoing information and to obtain additional information from whatever sources relating to my background which shall include but not limited to, my neighborhood, schools, corporations / companies, credit bureaus, and government agencies. If it shall be found that I have provided false or misleading information, failed to disclose relevant information, or if derogatory findings are discovered, I agree that such shall be considered cause for the termination of my employment.</p> <p>In the event of hiring, I agree to comply with all orders, rules and regulations of the Bank, particularly those concerning changes in assignment, acceptance of provincial assignments, and the serving of a one-month notice of resignation. I also agree not to engage in any business or accept secondary employment of any nature with any external company / institution, whether on a full-time or part-time basis without the written approval of the Bank. I also agree to assign in favor of the Bank the proceeds of the group life insurance issued in my name to be applied to any and all outstanding liabilities I may have against the Bank, in the event that my retirement benefits are not adequate to cover such liabilities.</p> <p>Upon termination of my employment for whatever cause or causes, I hereby authorize the Bank to deliver, in confidence, upon request of any prospective employer, my complete employment records.</p> <p>I agree to submit to any medical or physical examination by the Bank's authorized physician prerequisite to my employment.</p>	
DATA PRIVACY CONSENT	
<p>By signing below, I hereby certify that the information stated above are true and correct. I acknowledge that I am aware of my rights as data subject under the Data Privacy Act of 2012 and its implementing rules and regulations. Pursuant thereto, I hereby authorize any affiliate or subsidiary under the UCPB Group (UCPB Group) the general use of the personal information, sensitive personal information, and privileged information obtained during the course of my transaction with UCPB Savings Bank (USB).</p> <p>I further authorize the sharing of my personal information, sensitive personal information, and privileged information with UCPB Group and authorized data recipients including background investigation/lifestyle check service providers, credit bureaus/entities, and other government agencies such as but not limited to SSS, Philhealth, Pag-ibig, DOLE and BIR. I also consent UCPB Group to collect, process, access, use, disclose, retain for five (5) years or for as long as necessary for the fulfillment of the transaction herein my personal information, sensitive personal information, and privileged information, or other acts necessary for the execution of the transaction herein or other transaction that I may authorize; and to comply with reporting obligations to government agencies by USB.</p> <p>Likewise, I consent that my information may be collected and processed by USB for the purposes of employment application, character investigation, lifestyle check, internal audit, analysis, management and enhancement of employment related policies and procedures, and fulfilling its regulatory obligations and government reporting requirements.</p> <p>I acknowledge that should I wish to access, update or correct certain information or dispute or withdraw consent to the use of any of the information provided herein, I may communicate with UCPB Savings Bank's Data Protection Officer by emailing dpo@ucpbsavings.com.</p>	
Applicant's Signature over Printed Name	Date