



ADDESSA CORPORATION
APPLICATION FORM FOR EMPLOYMENT

2x2

DATE: _____

PERSONAL BACKGROUND

LAST NAME			FIRST NAME			MIDDLE NAME			POSITION APPLIED FOR			AGE:		GENDER: <input type="radio"/> Male <input type="radio"/> Female	
PRESENT ADDRESS												MOBILE NO:			
HOME ADDRESS												Civil Status: <input type="radio"/> SINGLE <input type="radio"/> WIDOW <input type="radio"/> MARRIED <input type="radio"/> Domestic Partnership			
PLACE OF BIRTH															
DATE OF BIRTH:			CITIZENSHIP:			RELIGION:			WEIGHT:			HEIGHT:			
SSS #:			PHILHEALTH #:			PAG-IBIG #:			TIN:						
HOW DID YOU LEARN ABOUT THE JOB VACANCY? (Please select one) <input type="radio"/> WALK-IN <input type="radio"/> PRINT ADS/TARPAULIN <input type="radio"/> INDEED <input type="radio"/> JOB FAIR <input type="radio"/> FACEBOOK <input type="radio"/> OTHERS: _____ <input type="radio"/> EMPLOYEE REFFERAL BY: _____									EMAIL ADD:			FACEBOOK:			
									Do you have any relative or friend in the Company? <input type="radio"/> YES <input type="radio"/> NO If yes, Name: _____			Have you ever been involved in criminal or illegal activities? <input type="radio"/> YES <input type="radio"/> NO If yes, Offense: _____			

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	COURSE	MAJOR	S.Y. ATTENDED	Honors Received
JUNIOR HIGH SCHOOL					
SENIOR HIGH SCHOOL					
COLLEGE					
VOCATIONAL SCHOOL					

EMPLOYMENT HISTORY

COMPANY / EMPLOYER	POSITION	SALARY	DATE OF SERVICE	JOB DESCRIPTION

REFERENCES

NAME	ADDRESS	CONTACT NO.	NAME OF COMPANY	POSITION

FAMILY MEMBERS

	NAME	AGE	ADDRESS	CONTACT NO.	OCCUPATION
FATHER					
MOTHER					
SPOUSE					
GUARDIAN					

DEPENDENTS & IMMEDIATE FAMILY

NAME	RELATIONSHIP	AGE	ADDRESS	OCCUPATION

"I hereby certify that all of the information indicated here are true and correct."

APPLICANT'S SIGNATURE OVER PRINTED NAME

RECOMMENDATION & EVALUATION (For Interviewer Use Only)

BRANCH MANAGER	DEPARTMENT MANAGER / DIVISION MANAGER	HUMAN RESOURCE

