



## APPLICATION FORM

**PERSONAL DATA**

Employee No.: \_\_\_\_\_  
 Position Desired: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 (Please type fully) Last Name First Name Middle Name  
 Present Address: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
 Person to notify in case of emergency: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_

**FAMILY BACKGROUND**

	NAME	DATE OF BIRTH	OCCUPATION
Spouse			
Father			
Mother			
Brother/s and			
Sister/s			
Daughter/s			
Son/s			

**EDUCATIONAL BACKGROUND**

	Name and Address of School	From	To	Degree/Title/Awards
Elementary				
High School				
College				
Post Graduate				
Vocational				
Special Course/Training				

Major Subject in College: \_\_\_\_\_ Minor Subject: \_\_\_\_\_  
 Government Examination taken:  
 (Give rating, place & date of examination): \_\_\_\_\_

**TRAININGS AND SEMINARS ATTENDED**

PROGRAM TITLE	CONDUCTED BY	DATE HELD

Special qualifications, skills, machines operated: \_\_\_\_\_  
 Awards, Honors and Distinction received, Articles written/published:  
 \_\_\_\_\_  
 Language and Dialects Spoken: \_\_\_\_\_  
 Hobbies, Recreational and Sports Activities:  
 \_\_\_\_\_

**EMPLOYMENT RECORDS** (Starting from the latest)

EMPLOYERS NAME:		EMPLOYMENT PERIOD		
ADDRESS				
POSITION AT START	POSITION UPON LEAVING	STARTING SALARY	LATEST SALARY	REASON FOR LEAVING

EMPLOYERS NAME:		EMPLOYMENT PERIOD		
ADDRESS				
POSITION AT START	POSITION UPON LEAVING	STARTING SALARY	LATEST SALARY	REASON FOR LEAVING

EMPLOYERS NAME:		EMPLOYMENT PERIOD		
ADDRESS				
POSITION AT START	POSITION UPON LEAVING	STARTING SALARY	LATEST SALARY	REASON FOR LEAVING

EMPLOYERS NAME:		EMPLOYMENT PERIOD		
ADDRESS				
POSITION AT START	POSITION UPON LEAVING	STARTING SALARY	LATEST SALARY	REASON FOR LEAVING

EMPLOYERS NAME:		EMPLOYMENT PERIOD		
ADDRESS				
POSITION AT START	POSITION UPON LEAVING	STARTING SALARY	LATEST SALARY	REASON FOR LEAVING

Have you ever been accused of any crime or offended in any court of Law of Administrative Body?

If so, please details the facts and circumstances thereof: \_\_\_\_\_

Are you suffering from any physical handicap or any serious chronic ailment such as high blood pressure, asthma, tuberculosis, etc? \_\_\_\_\_ If so, please specify: \_\_\_\_\_

Do you have any relative working in the company? \_\_\_\_\_

Give his/her name and relationship \_\_\_\_\_

Are you willing to accept any position or place of assignment the company may deem fit to assign you?

**CHARACTER REFERENCES**

NAME	OCCUPATION/POSITION	OFFICE	TELEPHONE NO.

**I hereby certify that all the information supplied herein is true and correct to the best of my knowledge and belief.**

**Dated at** \_\_\_\_\_ **on this** \_\_\_\_\_ **day of** \_\_\_\_\_, **201**\_\_\_\_\_.

Place

Day

Month

Year

OTHER INFORMATION	THUMBMARK
T.I.N.	Right
SSS No.	
Prof License No.	
Passport No.	
Date Issue	
Valid Until	

 \_\_\_\_\_  
 Signature

Comm. Tax Cert. No. \_\_\_\_\_

Issued at: \_\_\_\_\_

Issued on: \_\_\_\_\_

*Falsification of information on this form may jeopardize your employment with AG&P. If employed and found the information to be falsified, this can be used as grounds for termination.*