



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.