



# Application Form

Please attach recent colored 1"X1"ID picture here

PHILCOPY Bldg. 793 J.P. Rizal Ave., Poblacion, Makati City

PERSONAL DATA							
NAME		LAST	FIRST	MIDDLE NAME	MAIDEN NAME	SUFFIX	NICKNAME
BIRTHDATE(mm/dd/yy)	AGE	BIRTHPLACE	HEIGHT _____ Mts.	WEIGHT _____ Kgs.	GENDER	CITIZENSHIP	RELIGION
CITY ADDRESS					HOW LONG HAVE YOU RESIDE HERE?	YOU ARE STAYING WITH WHOM?	TELEPHONE NO.
PROVINCIAL ADDRESS					HOW LONG HAVE YOU RESIDE HERE?	TELEPHONE NO.	CELLPHONE NO.
E-MAIL ADDRESS		LANGUAGES/DIALECTS SPOKEN			CIVIL STATUS <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWER		NO. OF CHILDREN
NAME OF SPOUSE		ADDRESS			OCCUPATION		EMPLOYER
NAME OF CHILDREN(use extra sheet if necessary)		DATE OF BIRTH (mm/dd/yy)			ADDRESS		GRADE & SCHOOL
FATHER'S NAME		DATE OF BIRTH (mm/dd/yy)			ADDRESS		EMPLOYER
MOTHER'S MAIDEN NAME		DATE OF BIRTH (mm/dd/yy)			ADDRESS		EMPLOYER
NAME OF SIBLINGS (use extra sheet if necessary)		DATE OF BIRTH (mm/dd/yy)			ADDRESS		OCCUPATION/SCHOOL

EDUCATIONAL DATA				
SCHOOL	COURSE	YEARS COMPLETED	INCLUSIVE DATES	HONORS and AWARDS
ELEMENTARY		Please put check mark years: 1 2 3 4 5 6 7		
HIGH SCHOOL		years: 1 2 3 4 5		
COLLEGE		years: 1 2 3 4 5 6		
POST GRADUATE		years: 1 2 3 4 5 6		
TECHNICAL SCHOOL		years: 1 2 3 4 5 6		
SCHOOL ACTIVITIES		ORGANIZATIONS & AFFILIATIONS		
SPECIAL SKILLS				
LICENSURE (if any)				
EXAM TAKEN:		DATE:	RATING	

EMPLOYMENT DATA					
POSITION APPLIED FOR: FIRST CHOICE		SECOND CHOICE	SALARY DESIRED		
TIN	SSS NO.	PHILHEALTH NO.	PAG-IBIG NO.		
EMPLOYMENT RECORD/S: (START WITH LATEST)					
NAME OF COMPANY	ADDRESS/CONTACT NO.	JOB TITLE	SALARY	INCLUSIVE DATES	REASON FOR LEAVING
REFERENCES: (THREE (3) PERSONS NOT FORMER EMPLOYER NOR RELATIVES)					
NAME	ADDRESS	TELEPHONE NO.	OCCUPATION/BUSINESS		

**PHILCOPY CORPORATION  
APPLICATION FORM**

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Please state briefly why you should be considered for the position.

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Sketch your house location here:

Have you previously applied with us?

YES

NO

Have you ever worked for PHILCOPY before for any position:

YES

NO

Have you been charged or convicted for any crime before?

YES

NO

Have you ever required medical treatment or counseling for drug or alcohol abuse?

YES

NO

Have you ever had any pre-existing medical condition/illness?

YES

NO

Are you related to anyone who was in the past or is presently connected with PHILCOPY or  
for a competitive organization?  YES  NO

WHO? \_\_\_\_\_

Where did you learn about PHILCOPY and its opportunities?

Newspaper ad: \_\_\_\_\_

friend/relative: \_\_\_\_\_

others, specify: \_\_\_\_\_

Search firm/agency: \_\_\_\_\_

jobfair: \_\_\_\_\_

Internet/web service: \_\_\_\_\_

walk-in

Are you willing to go on shift schedule?

YES

NO

Are you willing to relocate?

YES

NO

Are you willing to travel?

YES

NO

**ACKNOWLEDGEMENT**

I HEREBY CERTIFY THAT ALL THE ABOVE STATEMENTS ARE TRUE AND AUTHORIZE PHILCOPY CORPORATION TO GATHER SUCH ADDITIONAL INFORMATION OR VERIFY SUCH DETAILS AS MAY BE NECESSARY FOR PURPOSE OF CONSIDERING ME AN APPLICANT FOR EMPLOYMENT. I UNDERSTAND THAT ANY FALSE STATEMENT OR MISINTERPRETATION IN THIS APPLICATION SHALL BE GROUND FOR DISMISSAL IF DISCOVERED SUBSEQUENT TO EMPLOYMENT. IN THE EVENT OF MY EMPLOYMENT, I WILL FURNISH ALL NECESSARY PRE-EMPLOYMENT REQUIREMENTS, AS PER DIRECTIVE BY THE HR DEPARTMENT. I AGREE TO SUBMIT MYSELF, UPON REQUEST, FOR PHYSICAL AND MEDICAL EXAMINATION BY THE COMPANY PHYSICIAN.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE