



Application Form

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

Please attach recent colored 1"X1"ID picture here

PERSONAL DATA

NAME LAST		FIRST		MIDDLE NAME		MAIDEN NAME		SUFFIX		NICKNAME	
BIRTHDATE(mm/dd/yy)		AGE	BIRTHPLACE		HEIGHT _____Mts.	WEIGHT _____Kgs.	GENDER		CITIZENSHIP		RELIGION
PRESENT ADDRESS						HOW LONG HAVE YOU RESIDED HERE?		YOU ARE STAYING WITH WHOM?		TELEPHONE NO.	
PERMANENT ADDRESS						HOW LONG HAVE YOU RESIDED 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(S) 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		OCCUPATION		EMPLOYER	
MOTHER'S MAIDEN NAME			DATE OF BIRTH (mm/dd/yy)			ADDRESS		OCCUPATION		EMPLOYER	
NAME(S) 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		
JUNIOR HIGH SCHOOL		years: 1 2 3 4		
SENIOR HIGH SCHOOL		years: 1 2		
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: _____		
DO YOU HAVE A VALID DRIVING LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PLEASE GIVE DETAILS: DRIVER'S LICENSE NO.: _____ RESTRICTIONS: _____ VALID UNTIL: _____				

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

I hereby understand that as part of my employment application, I shall be subjected to a background investigation commissioned by PHILCOPY Corporation. Thus, I hereby authorize PHILCOPY Corporation and/or its authorized representative to confirm and verify my employment details including matters of conduct, character, ability, education, family, and employment as well as my financial/credit standing. Moreover, I authorize and request each person and firm referred in my Application Form to give such information. PHILCOPY shall ensure confidentiality of records/information in reference to Republic Act No. 10173 also known as "Data Privacy Act of 2012"; that these records/information shall be used for recruitment purposes only.

 Date Printed Name Signature

**PHILCOPY CORPORATION
APPLICATION FORM**

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REFERENCES: (THREE (3) PERSONS NOT FORMER EMPLOYER NOR RELATIVES)			
NAME	ADDRESS	TELEPHONE NO.	OCCUPATION/BUSINESS

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

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

Nature and date of most recent serious illness: _____

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

Where did you learn about PHILCOPY and its opportunities?

- Newspaper ad: _____
- Search firm/agency: _____
- Internet/web service: _____
- friend/relative: _____
- jobfair: _____
- walk-in
- others, specify: _____

- Are you willing to go on shift schedule? YES NO
- Are you willing to relocate? YES NO
- Are you willing to travel? YES NO
- How soon can you start working if hired? Immediate ____ weeks after notice

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, 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