FRM-HRD-002.04

Rev. No.: 06

Effectivity: 03/04/17



Attach

Latest

Photo

**APPLICATION FOR EMPLOYMENT**

Instruction: Read carefully. Fill up completely, clearly and neatly.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nickname | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Position applied for | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Desired Pay | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Present Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Contact No. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Provincial Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email Address | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Birthplace | | |  | | | | | | | | | | | | | Date of Birth | | | | | | | |  | | | | | | | | | | | | Sex | | | | | |  | | | | | | | | Civil Status | | | | | | | | | | | | | |  | | | | | | | |
| Nationality | | | |  | | | | | | | | Religion | | | | |  | | | | | | | | | | | | | Height | | | | | | |  | | | | | | | | | | | | | Weight | | | | | | | | | | | |  | | | | | | | | | |
| SSS No. | |  | | | | | | | | Pag-Ibig No. | | | | | | | |  | | | | | | | | | | | TIN | | | | |  | | | | | | | | | | | | | Philhealth No. | | | | | | | | | | | | | | | |  | | | | | | | | |
| Spoken Language(s) | | | | | | | | |  | | | | | | | | | | | | | | | | | Written Language(s) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Have you ever worked in a steel mill? | | | | | | | | | | | | | | |  | | | | | | | If yes, please state company name / address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you / any of your relatives worked in a steel-related business? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | If yes, please state company name / address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever applied at Pag-asa Steel before? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Date Applied | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have relatives working in Pag-asa? | | | | | | | | | | | | | | | | | | |  | | | | | When? | | | | | | | Now ( ) | | | | | | | | | | | | Before ( ) | | | | | | | | | | | | | | How many? | | | | | | | | |  | | | | | |
|  | Please specify name /s | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cause for applying [please specify]: | | | | | | | | | | | | | | 1. Recommendee ( ) | | | | | | | | | | | | | | a. Relative Name | | | | | | | | | | | | | | | |  | | | | | | | | b. Friend Name | | | | | | | | | | | | |  | | | | | | |
| 2. Job Fair ( ) | | | | | |  | | | | | | | | | | | | | 3. Online ( ) | | | | | | | |  | | | | | | | | | | | | | | | | | | 4. Others ( ) | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Have you ever received disability compensation? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | When? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| Have you experienced previous physical / mental / psychological disabilities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify | | | | | | | | | | | |  | | | | | | | | | | | |
| Do you have any previous criminal record? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Specify | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Have you been treated for drug addiction? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Alcoholism? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| Can you work any day at any hour when your services are needed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | If no, state why? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Can you be assigned at any area within Greater Manila? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Outside GMA? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| If not, state why? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Earliest possible start date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Person to contact in case of emergency (Name, Address, Tel. No.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **FAMILY HISTORY** | | | | | | | | | |
|  | Name | Address | | | Occupation | Company Name/Address | | | Age | |
| Father |  |  | | |  |  | | |  | |
| Mother |  |  | | |  |  | | |  | |
| Spouse |  |  | | |  |  | | |  | |
| Brother(s) |  |  | | |  |  | | |  | |
|  |  | | |  |  | | |  | |
|  |  | | |  |  | | |  | |
| Sister(s) |  |  | | |  |  | | |  | |
|  |  | | |  |  | | |  | |
|  |  | | |  |  | | |  | |
| Children | Name | | Age | Date of Birth | Name | | Age | Date of Birth | | |
|  | |  |  |  | |  |  | | |
|  | |  |  |  | |  |  | | |

**III. EDUCATION & SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | School | Address | From | To | Highest Attainment |
| (Month / Year) | |
| Elementary |  |  |  |  |  |
| High School |  |  |  |  |  |
| Vocational |  |  |  |  |  |
| College |  |  |  |  |  |
| Others |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| As a student, were you self-supporting? |  | On scholarship? |  |

|  |  |  |
| --- | --- | --- |
| Academic Honors Received | | |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Activities Joined and Position | |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Special Skills: | | | Typing ( ) | | | Steno ( ) | Driving ( ) | | | Others | |  | | |
| Gov’t. Exam Taken | | | |  | | | When |  | | | | Result |  | |
| Prof. License No. | | |  | | | | Rank |  | | | | Date |  | |
| Hobbies |  | | | | | | | Sports | |  | | | | |

**IV. WORK EXPERIENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Previous Employers | Address | From | To | Position | Salary  (indicate in pesos) | Reason for Leaving |
| ( Month / Year ) | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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(Please use additional sheet if necessary)

**V. CHARACTER REFERENCES**

*(Please indicate immediate superior from present and previous company if applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Company / Address | Occupation | Relationship | Contact number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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*I hereby certify that I fully understood the above. I further certify to the correctness of the foregoing data to the best of my knowledge, fully understanding that any false statement and/or misrepresentations shall be sufficient ground for outright disqualification of my application or termination of my employment should I be accepted and such anomaly be disapproved afterwards.*

*I allow Pag-asa Steel Works, Inc., to subject me to background check / investigation.*

Right

Thumb

Mark

Signature of Applicant

Date: