



## EMPLOYMENT APPLICATION FORM

A. PERSONAL DATA				
NAME:	LAST	FIRST	MIDDLE	
DATE OF BIRTH:	PLACE OF BIRTH:		AGE:	
PRESENT ADDRESS:				
PERMANENT ADDRESS:				
CONTACT INFORMATION:				
_____ (HOME TELEPHONE)                      (MOBILE NUMBER)                      (EMAIL ADDRESS)				
GENDER: ( ) MALE    ( ) FEMALE	CITIZENSHIP:	SSS NO.:	TIN NO.:	
HEIGHT:	WEIGHT:	BIRTH MARKS:	RELIGION:	
CIVIL STATUS: ( ) SINGLE    ( ) MARRIED    ( ) WIDOWED    ( ) SEPARATED    ( ) DIVORCED				
IF MARRIED, NAME OF SPOUSE:		IF WORKING, COMPANY NAME:	COMPANY ADDRESS:	
DO YOU HAVE CHILDREN? If yes, please specify				
NAME	DATE OF BIRTH	AGE	NAME OF SCHOOL	
PERSON TO NOTIFY IN CASE OF EMERGENCY:		RELATIONSHIP:	CONTACT NO.:	
ADDRESS:				
FAMILY BACKGROUND:				
NAME (LAST, FIRST, MIDDLE)	COMPANY/POSITION LEVEL	SCHOOL/YEAR	AGE	CONTACT NO.
FATHER:				
MOTHER:				
BROTHERS/SISTERS:				
B. EDUCATION				
NAME OF SCHOOL & LOCATION	DATES ATTENDED FROM    TO	DEGREE ACQUIRED	MAJOR	
HIGH SCHOOL:				
COLLEGE:				
VOCATIONAL SCHOOL:				
POST GRADUATE:				
EXTRA CURRICULAR ACTIVITIES:				
ACHIEVEMENTS/CITATIONS (Honors, Etc.)				

**C. EMPLOYMENT HISTORY (Begin with recent employer)**

DATE EMPLOYED (From-To)	NAME & ADDRESS OF EMPLOYER	LAST POSITION FILLED	SALARY (From-To)
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BRIEF DESCRIPTION OF DUTIES:	NATURE OF SEPARATION: <input type="checkbox"/> VOLUNTARY RESIGNATION <input type="checkbox"/> INVOLUNTARY RESIGNATION (Termination, Contract Expiration, Retrenchment, Redundancy)
	SPECIFIC REASON:

DATE EMPLOYED (From-To)	NAME & ADDRESS OF EMPLOYER	LAST POSITION FILLED	SALARY (From-To)
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BRIEF DESCRIPTION OF DUTIES:	NATURE OF SEPARATION: <input type="checkbox"/> VOLUNTARY RESIGNATION <input type="checkbox"/> INVOLUNTARY RESIGNATION (Termination, Contract Expiration, Retrenchment, Redundancy)
	SPECIFIC REASON:

DATE EMPLOYED (From-To)	NAME & ADDRESS OF EMPLOYER	LAST POSITION FILLED	SALARY (From-To)
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BRIEF DESCRIPTION OF DUTIES:	NATURE OF SEPARATION: <input type="checkbox"/> VOLUNTARY RESIGNATION <input type="checkbox"/> INVOLUNTARY RESIGNATION (Termination, Contract Expiration, Retrenchment, Redundancy)
	SPECIFIC REASON:

**D. SPECIAL SKILLS AND QUALIFICATIONS**

PROFESSIONAL LICENSURE EXAM:	DATE TAKEN:
GOVERNMENT EXAM:	DATE TAKEN:
DRIVING SKILLS: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
( ) PRO ( ) NON PRO VALIDITY:	

**E. GENERAL INFORMATION**

How were you referred to BIG BOSS CEMENT INC?

Have you applied for immigration/employment abroad?  YES, please indicate when and where  NO

PASSPORT DETAILS  
 PASSPORT NO.: \_\_\_\_\_ VALIDITY: \_\_\_\_\_

**F. DECLARATION OF CURRENT ACTIVITIES**

PERSONAL BUSINESS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
PART TIME WORK:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
HOME BASED/ REMOTE WORK:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:

Do you intend to continue on any activity you are engaged with right now should you be given a chance to work at Big Boss?

**G. HEALTH CONDITION**

GOOD HEALTH CONDITION  WITH KNOWN ILLNESS/ES  
 Please specify: \_\_\_\_\_  
 Maintenance Drugs being taken: \_\_\_\_\_

**H. REFERENCES: (Do not list relatives)**

NAME	ADDRESS	OCCUPATION/COMPANY	CONTACT NO.

*I understand that the accuracy and completeness of my statements will be relied upon by Big Boss Cement, Inc. in the event that employment is offered and that any misstatement can cause my dismissal.*

\_\_\_\_\_  
**Applicant**  
 (Signature over printed name)

\_\_\_\_\_  
**Date**