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| **Data Protection Statement:***All of the information collected in this form is necessary and relevant to the processing of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. SPI will treat all personal information with the utmost confidentiality pursuant to the requirements of Republic Act No. 10173 (Data Protection Act of 2012), its Implementing Rules and Regulations and other issuances of the National Privacy Commission (“DP Law”).* *Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.* |
| **Position Applying For:** |  |

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| PERSONAL INFORMATION  |
| *Complete Name (Last Name, First Name, Middle Name)* | *Date*  |
| *City Residential Address:* | *Contact Number:* |
| *Provincial Residential Address:* | *Mobile Number:* |
| *Birthdate:* | *Birth Place:* | *Nick Name:* |
| *SSS #:* | *TIN:* | *Pagibig #:* |
| *Philhealth #:* | *Gender: (please check)*  Male Female    Genderqueer / Non - Binary | *Civil Status:* |
| *Religion:*  | *Email Address:* |
| *Spouse’s or Partner’s Name:* | *Birthdate:* |
| *Spouse’s or Partner’s Residence Address:* | *Contact Number:* |
| *Children/Dependents’ Name: (please add at the back of this sheet if more than 4*1.
2.
3.
 | *Gender:*1.
2.
3.
4.
 | *Relationship:*1.
2.
3.
 |
| *Father’s Name:* | *Occupation:*  |
| *Mother’s Name:* | *Occupation:* |

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| 1. EMPLOYMENT INFORMATION *(please start from the latest)*
 |
| **Company Name/Location** | **Position Held** | **Inclusive Dates** |  **Reason for Leaving** |
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|  B. TRAININGS/SEMINARS ATTENDED |
| **Training/Seminar Title** | **Provider / Location** | **Inclusive Dates** |
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| 1. LICENSES / SPECIAL AND TECHNICAL SKILLS

*(Licenses / Computer / multimedia application, driving, operational skills, administrative, etc.)* |
| **Particulars** | **When Acquired** |
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| 1. . EDUCATIONAL INFORMATION
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| **Level** | **Name & Location of School/University** | **Course / Degree Completed** | **Year Completed** |
| Tertiary  |  |  |  |
| Post Graduate |  |  |  |
| Technical / Vocational |  |  |  |
| Secondary |  |  |  |

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| 1. MEMBERSHIP / ORGANIZATION
 |
| * **Name of Organization**
 | **Position** | **Inclusive Dates** |
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| 1. CHARACTER REFERENCES *( at least three former colleagues and/or employers)*
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| **Name / Position** | **Company Name / Location** | **Contact Number(s)** |
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| Picture | I hereby certify that all information stated herein is true and correct. Any incorrect information and/or representation stated herein shall mean disqualification of my employment application to South Pacific Inc.  |
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|  | Signature and Date |