



## APPLICATION FOR EMPLOYMENT

*Instructions: Please answer all items completely and accurately. If an item is not applicable to you, indicate **NA** or **Not Applicable**. Please check (✓) the appropriate box whenever applicable. All information shall be treated with strictest confidentiality, and shall not be disclosed or used for any other purpose than to assess the qualifications of the applicant.*

<b>Position Applied For:</b>	How did you know about the job vacancy? <input type="checkbox"/> Newspaper (Date of publication: _____) <input type="checkbox"/> IC Website <input type="checkbox"/> Family/Friend <input type="checkbox"/> IC Employee (Name: _____) <input type="checkbox"/> Others: _____
<b>Division/Unit:</b>	
Have you taken Insurance Commission's pre-employment test before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? _____ Check the box for assessments taken: <input type="checkbox"/> Essay Exam <input type="checkbox"/> Aptitude Exam <input type="checkbox"/> Interview	

<b>1. SURNAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>For female married applicant, write Maiden Name</b>		
<b>2. CIVIL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widower/Widow		<b>3. Number of children (if applicable)</b>	<b>4. ARE YOU A SOLO PARENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>6. CITIZENSHIP</b> If holder of dual citizenship, please indicate the details. <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Please indicate country: _____					
<b>7. DATE OF BIRTH (mm/dd/yyyy)</b>	<b>8. AGE</b>	<b>9. PLACE OF BIRTH</b>	<b>10. ETHNICITY (IF APPLICABLE)</b>	<b>11. RELIGION</b>	
<b>12. BLOOD TYPE</b>	<b>13. ARE YOU A PERSON WITH DISABILITY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>14. E-MAIL ADDRESS</b>		<b>15. CONTACT NUMBER/S</b>	
<b>16. PRESENT ADDRESS</b>					
<b>17. PERMANENT ADDRESS</b> (indicate "same with above" if permanent address is similar to present address)					
<b>18. EDUCATION</b>	<b>Name and Address School/College/ University</b> (Write in full)	<b>Course</b> (If Undergraduate, indicate no. of units completed)	<b>Inclusive Dates of Attendance</b>	<b>Honors Received</b>	
Secondary					
Vocational					
College					
Postgraduate					

*(Continue on separate sheet, if necessary)*

<b>19. CIVIL SERVICE ELIGIBILITY/LICENSE</b> (Specify if BOARD, BAR, etc.)	<b>Rating</b>	<b>20. SKILLS AND OTHER QUALIFICATIONS</b>	<b>21. ASSOCIATION MEMBERSHIP, HOBBIES, etc.</b>

*(Continue on separate sheet, if necessary)*

**22. TRAINING/SEMINAR ATTENDED** *(Relevant to position and taken/completed within the last three (3) years)*

Title of Training/Seminar	Institution	Inclusive Dates (mm/dd/yyyy)		No. of Hours	Type of Training/Seminar (Managerial/Supervisory/Technical/etc.)
		From	To		

*(Continue on separate sheet, if necessary)*

**23. EMPLOYMENT HISTORY** *(Start from your current work)*

Inclusive dates (mm/dd/yyyy)		Department/ Agency/ Office/ Company (Write in full)	Position Title	Status of Appointment (permanent, part-time, full-time)	Monthly		Reason for Leaving
From	To				Basic Salary (Php)	Allowances (Php)	

*(Continue on separate sheet, if necessary)*

<p><b>24. Are you related to by consanguinity or affinity to any of the following:</b></p> <p>a.) Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? (i.e. mother/father, son/daughter, brother/sister, nephew/niece, uncle/aunt, grandparent, grandchild)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b.) Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", give details (name/s of relative/s and relationship/s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If "Yes", give details (name/s of relative/s and relationship/s):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>25. Do you have relative/s who was/were former employee/s of the Insurance Commission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, give name/s, relationship, department and date of retirement</p>
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<p><b>26. Have you ever been formally charged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Status:</b> <input type="checkbox"/> On-going <input type="checkbox"/> Dismissed <i>Date dismissed:</i> _____</p>	<p>If "Yes", give details</p> <p>_____</p> <p>_____</p>
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<p><b>27. Have you ever been guilty of any administrative offense?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", give details</p> <p>_____</p> <p>_____</p>
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<p><b>28. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", give details</p> <p>_____</p> <p>_____</p>
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<p><b>29. Have you ever been a candidate in a national or local election (except Barangay election)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", give details</p> <p>_____</p> <p>_____</p>
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<p><b>30. Please check any ailment/s for which you have been treated or are presently undergoing treatment:</b></p>		
<p><input type="checkbox"/> Acquired Heart Disease</p> <p><input type="checkbox"/> Autoimmune Disease</p> <p><input type="checkbox"/> Cardiovascular Accident (CVA)</p> <p><input type="checkbox"/> Chronic Liver Disease</p> <p><input type="checkbox"/> Chronic Pulmonary Disease</p>	<p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Hematologic Condition</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Kidney Disease</p> <p><input type="checkbox"/> Major Congenital Anomaly/Deformation</p>	<p><input type="checkbox"/> Malignancies/Cancer</p> <p><input type="checkbox"/> Neuro-psychiatric Condition</p> <p><input type="checkbox"/> Pulmonary Tuberculosis</p> <p><input type="checkbox"/> Others: _____</p> <p>_____</p>

<p><b>31. REFERENCES (Persons not related by consanguinity or affinity to applicant)</b></p>		
<p><b>Name</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Office</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Contact Information</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

<p><b>32. What is the minimum salary you are willing to accept? (Write amount in Pesos)</b></p>	<p><b>33. Are you willing to be hired under Contract of Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No", why? _____</p> <p>_____</p> <p>_____</p>	<p><b>34. If offered the position, when can you start/ how much notice you must serve with your current company?</b></p> <p><input type="checkbox"/> ASAP</p> <p><input type="checkbox"/> After 30 days</p> <p><input type="checkbox"/> Others: _____</p>
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I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

<p><b>Government Issued ID:</b> _____</p> <p><b>ID/License/Passport No.:</b> _____</p> <p><b>Date/Place of Issuance:</b> _____</p>	<p><b>Signature over Printed Name</b></p> <p>_____</p> <p><b>Date Accomplished</b></p> <p>_____</p>
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