



POSITION DESIRED : _____
EXPECTED SALARY : _____

DATE : _____

I. PERSONAL DATA

Name : (Last,First,Middle Name) _____ **Nickname :** _____
Present Address : _____
Permanent Address : _____
Date of Birth : _____ **Age :** _____ **Place of Birth :** _____
Telephone No. : _____ **Cellphone No. :** _____ **E-mail Address :** _____
Civil Status : _____ **Citizenship :** _____ **Religion :** _____

SSS No. : _____ **Pag-Ibig Fund No. :** _____
Philhealth no. : _____ **TIN No. :** _____
PRC License No: _____ **PRC Validity :** _____

Person to Notify In Case of Emergency

Name : _____ **Relationship :** _____
Address : _____ **Contact No. :** _____

Give particulars about parents, siblings, spouse and children

Name	Relation	Age	Occupation	Company	Address

II. EDUCATIONAL BACKGROUND

Level	University / School	Inclusive Date		Degree / Course Finished
Elementary				
High School				
College				
Vocational				
Post Graduate School				

Special Awards/Citations/Scholarship Received:

Government/Board Examinations/s Taken:

Examination	Date of Exam	Date Passed	Rating	Place/Rank

III. EMPLOYMENT RECORD

Name, Address & Tel. No. of Company	Employment Period		Salary	Position	Reason for Leaving
	From	To			

IV. SUPPLEMENTARY INFORMATION

SPECIAL SKILLS (Service training, computer, office equipment operation, etc.)

Have you been dismissed / asked to resign from any position () Yes () No
If yes, state when and why _____

Have you been involved in any administrative, civil or criminal case? () Yes () No
If yes, state particulars _____

Have you had any physical ailment/s in the last five years? () Yes () No
If yes, state particulars _____

Date of last full medical check-up _____ Result _____

Was any previous employer / unionized? () Yes () No
If yes, please give remarks of your position and involvement in the union _____

V. REFERENCE

Name	Occupation	Company Name & Address	Tel. & Fax No.

VI. CONSENT

I understand that prior to my employment, the company may require me to undergo and pass a pre-employment physical examination to be conducted by a company designated physician and failure to pass such pre-employment physical examination will disqualify me from the employment in this company.

I certify that all information I have provided in this application are true and correct. I agree that any false statement which I may have made herein shall be a ground for my termination from the employment. I confirm that I have expressly consented and authorized FORTMED MEDICAL CLINICS MAKATI INC. to collect, hold, store and use my personal & sensitive information in relation to my application for employment, actual and post-employment. I also authorize the company to conduct an investigation for purpose of verifying any of the information I have provided herein.

Signature over Printed Name

(Date)