



APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES

Document No.: HRD-FOR-002
Effective Date: 4 Feb 2019
Revision No. 04

EMPLOYMENT DESIRED

SOURCE: <input type="checkbox"/> Job Portal: _____ <input type="checkbox"/> Referral: _____ <input type="checkbox"/> Walk-in	DATE APPLIED:
POSITION DESIRED (1 ST Choice):	2 nd Choice:
DATE OF AVAILABILITY:	

EMPLOYEE INFORMATION

NAME:		
(Last Name)	(First Name)	(Middle Name)
PRESENT ADDRESS:	TRAVEL TIME TO OFFICE: _____ HRS	CELLPHONE #:
PERMANENT ADDRESS:	HOME OWNERSHIP: <input type="checkbox"/> Own <input type="checkbox"/> Mortgaged <input type="checkbox"/> Company Provided <input type="checkbox"/> With Relatives HDMF: _____ <input type="checkbox"/> Rented Php _____ Bank: _____	
PROVINCIAL ADDRESS:		
DATE OF BIRTH:	AGE:	PLACE OF BIRTH:
NATIONALITY:	HEIGHT:	WEIGHT:
CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widower		EMAIL ADDRESS:
RELIGION:		SSS NO.
		TIN NO.

FAMILY	NAME	OCCUPATION	EMPLOYER
SPOUSE:			
CHILD/CHILDREN:	1.		
	2.		
	3.		
	4.		
FATHER:			
MOTHER:			
SIBLING/S:	1.		
	2.		
	3.		
	4.		

DO YOU KNOW OF A CURRENT OR PAST EAGLE CEMENT EMPLOYEE? ANY FROM A COMPETITOR? IF YES, HOW ARE YOU FAMILIAR/RELATED WITH EACH OTHER?

EDUCATION

SCHOOL & ADDRESS	YEARS ATTENDED		MAJOR, DEGREE, AND HONORS
	FROM	TO	
HIGH SCHOOL:			
COLLEGE/UNIVERSITY:			
TRADE SCHOOL:			
ADDITIONAL:			

PROFESSIONAL LICENSES, CERTIFICATIONS, OR REGISTRATIONS	DATE	RATING

SKILLS AND QUALIFICATIONS

OTHER QUALIFICATIONS SUCH AS SPECIAL SKILLS, ABILITIES OR HONORS THAT SHOULD BE CONSIDERED:	
TYPES OF COMPUTER, SOFTWARE, AND OTHER EQUIPMENT YOU ARE QUALIFIED TO OPERATE OR REPAIR (SAP, LOTUS NOTES, MS OUTLOOK, ORACLE, QUICKBOOKS, JEON SOFT, ETC.):	
LANGUAGES AND/OR DIALECTS YOU CAN SPEAK, READ OR WRITE:	PREVIOUSLY TRAVELED IN WHICH LOCATIONS FOR WORK:



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MEDICAL HISTORY

PERSONAL

HAVE YOU BEEN SUFFERING OR PREVIOUSLY SUFFERED FROM ANY AILMENTS SUCH AS:

- | | | |
|--|---|---|
| <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> ALLERGIES IF YES, PLEASE SPECIFY _____ | <input type="checkbox"/> OTHERS, PLEASE SPECIFY _____ |
| <input type="checkbox"/> MALARIA | <input type="checkbox"/> TUBERCULOSIS | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> PNEUMONIA | |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> SURGERY, PLEASE SPECIFY _____ | |

FAMILY

FATHER:
MOTHER:
SPOUSE:

EMPLOYMENT HISTORY

HAVE YOU WORKED IN EAGLE CEMENT CORPORATION BEFORE? IF SO, INDICATE POSITION, MANAGER, INCLUSIVE DATE/S OF EMPLOYMENT, AND REASON FOR LEAVING:

HAVE YOU EVER APPLIED IN EAGLE CEMENT CORPORATION BEFORE? IF SO, INDICATE POSITION APPLIED AND DATE OF APPLICATION:

HAVE YOU BEEN A MEMBER OF A UNION GROUP? IF YES, WHAT'S THE NAME OF THE UNION? NUMBER OF YEARS? LEADER/OFFICER
 MEMBER

HAVE YOU EVER BEEN ACCUSED OF ANY CRIME OR OFFENCE IN ANY COURT OF LAW OR HR ADMINISTRATIVE BODY? IF SO, PLEASE DETAIL THE FACTS AND CIRCUMSTANCES THEREOF:

EMPLOYER	INDUSTRY	DATE OF EMPLOYMENT		POSITION	NO. OF PEOPLE HANDLED (If Any)	SALARY/ WAGE	REASON FOR LEAVING
		FROM	TO				
1.							
2.							
3.							

REFERENCES

LIST THREE PERSONAL REFERENCES WHO ARE NOT YOUR RELATIVES. RECOMMENDED TO HAVE DIRECT EXPERIENCE WORKING WITH YOU OR REVIEWING YOUR WORK PERFORMANCE.

NAME	COMPANY & ADDRESS	OCCUPATION	YEARS KNOWN	HOW ARE YOU CONNECTED?	CONTACT NO./ EMAIL ADDRESS
1.					
2.					
3.					

BENEFITS AND PRIVILEGES (RECENT EMPLOYER)

VARIABLE BONUSES:

- | | | |
|---|---|---|
| <input type="checkbox"/> 13 th Month Pay _____ | <input type="checkbox"/> 15 th Month Pay _____ | <input type="checkbox"/> Sales Incentive/Commission _____ |
| <input type="checkbox"/> 14 th Month Pay _____ | <input type="checkbox"/> 16 th Month Pay _____ | |

HEALTHCARE PLANS:

- Hospitalization Benefits
- Major Medical
- Clinical/Outpatient Plans
- Dental/Optical
- Maternity Plans

WELLNESS:

- Employee Assistance Plan
- Wellness/Health Programs

LIFE AND DISABILITY INSURANCE:

- Life Insurance
- Accident Insurance
- Business Travel Insurance

PAID TIME-OFF:

- Vacation Leave
- Sick Leave
- Paid Time Off (PTO)

ARRANGEMENT:

- Bereavement Leave
- Birthday
- Calamity
- Emergency
- Marriage
- Paternity (beyond statutory)
- Personal
- Study
- Union

OTHER BENEFITS:

- Extended Sick Leave
- Solo Parent
- Car & Transportation Plans
- Loan Programs
- Club Membership
- Stock Plans
- Allowance and Subsidies
- Rice Subsidy
- Meal Allowance Subsidy
- Uniform/Clothing Allowance
- Transportation Allowance
- Kilometrage Reimbursement
- Funeral Assistance

BENEFIT TRAVEL

- Mobile Phone Subsidy
- Long Service Award
- Attendance Award
- Social/Facilities/Gifts
- Education Subsidy
- Relocation Assistance
- Local Business Travel
- Foreign Business Travel



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What are the company best practices that you experienced before?

- 5s of Good Housekeeping KAIZEN/Continuous Improvement Pareto
- Risk Assessment Root Cause Analysis International Organization for Standardization

Others (Please Specify): _____

If yes, were you part of the implementing team? For which company? _____

How was your performance measured?

- Key Performance Indicator Balanced Scorecard Management by Objective

Others (Please Specify): _____

Was your bonus or salary raise dependent on your company performance? YES NO

PERSONAL HOBBIES, PASSION AND INTERESTS:

OTHER SOURCES OF INCOME (BUSINESS OWNERSHIP, PART TIME JOB, CONSULTANCY ETC.) INDICATE DETAILS

CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HEREBY AUTHORIZE THIS COMPANY TO VERIFY ABOVE INFORMATION.

DISCLAIMER: THE INFORMATION THAT YOU SUPPLY VIA THIS FORM WILL BE ENTERED INTO A FILING SYSTEM AND YOU HEREBY ALLOW ACCESS BY AUTHORIZED PERSONS OF EAGLE CEMENT CORPORATION OR ITS AGENTS SHOULD THERE BE A NECESSITY TO OBTAIN AND PROCESS INFORMATION RELATING TO YOUR EMPLOYMENT CONTRACT, OR IN COMPLIANCE WITH A LEGAL OBLIGATION OR FOR ANY LEGITIMATE PURPOSE AS STATED HEREIN. THE INFORMATION WILL BE RETAINED BY THE COMPANY AND WILL ONLY BE USED FOR THE PURPOSE OF (A) PROCESSING OF EMPLOYMENT APPLICATION, AND (B) SUMMARY INFORMATION FOR STATISTICAL AND AUDIT PURPOSES. BY SUPPLYING SUCH INFORMATION, YOU CONSENT TO THE COMPANY STORING THE INFORMATION FOR THE STATED PURPOSES. THE COMPANY IN ACCORDANCE WITH THE PROVISIONS OF DATA PRIVACY ACT OF 2012 SHALL HOLD THE INFORMATION AS NECESSARY TO FULFILL SUCH PURPOSES.

THIS ALSO SIGNIFIES THAT YOU WILFULLY AND VOLUNTARILY AGREE TO THE PROCESSING OF PERSONAL INFORMATION ABOUT AND/OR RELATING TO YOUR EMPLOYMENT APPLICATION.

SIGNATURE OVER PRINTED NAME/ DATE