



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____ DATE _____
AVAILABILITY DATE _____ EXPECTED SALARY _____

A. PERSONAL INFORMATION

NAME _____ NICKNAME _____
(LAST) (FIRST) (MIDDLE)

CITY ADDRESS _____

PROVINCIAL ADDRESS _____

CONTACT DETAILS _____
(HOME) (OFFICE / FAX) (MOBILE) (EMAIL ADDRESS)

DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

SEX _____ HEIGHT _____ WEIGHT _____

CIVIL STATUS _____ CITIZENSHIP _____ RELIGION _____

SSS NO. _____ TAX ID NO. _____ PHILHEALTH NO. _____

PAG-IBIG NO. _____ RESIDENCE CERT. NO. (CEDULA) _____

FATHER'S NAME _____ OCCUPATION _____
ADDRESS _____

MOTHER'S NAME _____ OCCUPATION _____
ADDRESS _____

NAME OF SPOUSE _____ OCCUPATION _____
ADDRESS _____

NAME OF CHILDREN AND DATE OF BIRTH

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY _____

ADDRESS _____

CONTACT DETAILS _____
(HOME) (MOBILE) (OFFICE NO.)

B. EDUCATIONAL BACKGROUND

Table with 5 columns: COURSE / DEGREE, SCHOOL, YEARS OF ATTENDANCE, HONORS / AWARDS RECEIVED. Rows include PRIMARY, SECONDARY, TERTIARY, POST GRADUATE.

C. EMPLOYMENT HISTORY

COMPANY _____ POSITION _____

EMPLOYMENT DATES _____

IMMEDIATE SUPERVISOR _____ POSITION _____

CONTACT DETAILS _____
(HOME) (OFFICE) (EMAIL ADDRESS)

JOB DESCRIPTION _____

SALARY BEFORE LEAVING _____

COMPANY _____ POSITION _____

EMPLOYMENT DATES _____

IMMEDIATE SUPERVISOR _____ POSITION _____

CONTACT DETAILS _____
(HOME) (OFFICE) (EMAIL ADDRESS)

JOB DESCRIPTION _____

SALARY BEFORE LEAVING _____

COMPANY _____ POSITION _____
EMPLOYMENT DATES _____
IMMEDIATE SUPERVISOR _____ POSITION _____
CONTACT DETAILS _____
(HOME) (OFFICE) (EMAIL ADDRESS)
JOB DESCRIPTION _____

SALARY BEFORE LEAVING _____

COMPANY _____ POSITION _____
EMPLOYMENT DATES _____
IMMEDIATE SUPERVISOR _____ POSITION _____
CONTACT DETAILS _____
(HOME) (OFFICE) (EMAIL ADDRESS)
JOB DESCRIPTION _____

SALARY BEFORE LEAVING _____

D. OTHER INFORMATION

PROFESSIONAL MEMBERSHIP / ASSOCIATIONS

ASSOCIATION	DATE OF MEMBERSHIP
_____	_____
_____	_____
_____	_____

SEMINARS / TRAININGS / WORKSHOPS ATTENDED

SEMINAR / TRAINING / WORKSHOP	DATE OF MEMBERSHIP
_____	_____
_____	_____
_____	_____

LICENSURE EXAMS TAKEN

EXAMINATION	DATE TAKEN	RATING
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACHIVEMENTS / AWARDS RECEIVED

ACHIEVEMENT / AWARD	DATE
_____	_____
_____	_____
_____	_____

INTERESTS / HOBBIES

SPECIAL SKILLS

DO YOU HAVE RELATIVES WORKING IN THIS FIRM OR IN ANY BHF GROUP OF COMPANIES?

___ NO ___ YES *If yes, please provide the following information

NAME _____ POSITION _____
RELATION TO THE EMPLOYEE _____

DO YOU HAVE PENDING EMPLOYMENT APPLICATIONS?

____ NO ____ YES *If yes, please provide the following information

COMPANY	STATUS OF APPLICATION
_____	_____
_____	_____
_____	_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

____ NO ____ YES *If yes, please provide details

DO YOU HAVE ANY HEALTH CONDITION WHICH MIGHT INTERFERE WITH YOUR EMPLOYMENT IN THE COMPANY?

____ NO ____ YES *If yes, please provide details

E. LIST OF CHARACTER REFERENCES

Please list only individuals familiar with your professional skills or work abilities or those that you have worked with recently. Friends or relatives do not qualify as references. Please list down at least 2 previous supervisors. For fresh graduates, please list down at least 2 professors or your OJT Supervisor.

MAY WE CONTACT YOUR REFERENCES?

____ NO ____ YES

1. NAME _____
RELATION / POSITION _____
COMPANY NAME _____
CONTACT NUMBER/S _____
EMAIL ADDRESS _____

2. NAME _____
RELATION / POSITION _____
COMPANY NAME _____
CONTACT NUMBER/S _____
EMAIL ADDRESS _____

3. NAME _____
RELATION / POSITION _____
COMPANY NAME _____
CONTACT NUMBER/S _____
EMAIL ADDRESS _____

4. NAME _____
RELATION / POSITION _____
COMPANY NAME _____
CONTACT NUMBER/S _____
EMAIL ADDRESS _____

F. WARRANTY AND WAIVER

I hereby certify that the above information are true and correct and authorize BHF Bank, Inc. or any of its affiliates, and any persons or organizations acting on its behalf to perform reference checks of my employment and such other checks and inquiries as necessary in order to verify information provided by me in my employment application. I hereby release from liability all persons or entities requesting or supplying such information. Moreover, I understand that any untrue statement that I make will be a ground for termination of my employment.

SIGNATURE OVER PRINTED NAME

DATE