



Photo

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

IF EMPLOYED, THIS BECOMES PART OF YOUR PERMANENT RECORD

Date of Application: _____ Position Applied For: _____
 Salary Range Expected: _____ Earliest Possible Start Date: _____
 Complete Name: _____ Nickname: _____ Date of Birth: _____
Surname, Given Middle Place of Birth: _____
 Civil Status: _____ Gender: _____ Height: _____ Weight: _____ Religion: _____
 Present Address: _____
 Permanent Address: _____
 Cell phone #: _____ Land phone #: _____ E-mail Address: _____
 TIN#: _____ Pag-Ibig/HDMF #: _____
 SSS#: _____ Philhealth #: _____

Name of Father:	Occupation:	Date of Birth:
Name of Mother:	Occupation:	Date of Birth:
Name of Spouse:	Occupation:	Date of Birth:

CHILDREN / DEPENDENTS (This includes parents and siblings for the unmarried applicants, wife and children for married applicants)

Name	Age	Relationship	Occupation /School / Grade / Year Level / Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Languages spoken/written: _____ Spoken _____ Written _____

() Very Fluent () Fluent () Not so fluent () Very Fluent () Fluent () Not so fluent
 () Very Fluent () Fluent () Not so fluent () Very Fluent () Fluent () Not so fluent
 () Very Fluent () Fluent () Not so fluent () Very Fluent () Fluent () Not so fluent

Computer applications _____ Skill level _____

_____ Beginner _____ Intermediate _____ Expert
 _____ Beginner _____ Intermediate _____ Expert
 _____ Beginner _____ Intermediate _____ Expert

Special Skills: _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED	MAJOR & DEGREE
PROFESSIONAL/GRADUATE SCHOOL				
BUSINESS OR TRADE SCHOOL				
COLLEGE				
HIGH SCHOOL				

Trainings & Seminars	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please use last page of this form to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

EMPLOYMENT RECORD

Please list your experience for the **past four years** beginning with your most recent job held. If you were self-employed, give firm/company name. **Attach additional sheets if necessary.**

Name of Employer: _____ Phone#: _____
Address: _____ E-mail Address: _____
Employment Dates: (From: _____ To: _____)
Your last job title: _____
Pay or Salary: (Start _____ Final: _____)
Name of last Supervisor / Superior : _____ Position: _____
Reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

Name of Employer: _____ Phone#: _____
Address: _____ E-mail Address: _____
Employment Dates: (From: _____ To: _____)
Your last job title: _____
Pay or Salary: (Start _____ Final: _____)
Name of last Supervisor / Superior : _____ Position: _____
Reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

Name of Employer: _____ Phone#: _____
Address: _____ E-mail Address: _____
Employment Dates: (From: _____ To: _____)
Your last job title: _____
Pay or Salary: (Start _____ Final: _____)
Name of last Supervisor / Superior : _____ Position: _____
Reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

Name of Employer: _____ Phone#: _____
Address: _____ E-mail Address: _____
Employment Dates: (From: _____ To: _____)
Your last job title: _____
Pay or Salary: (Start _____ Final: _____)
Name of last Supervisor / Superior : _____ Position: _____
Reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

HOW DID YOU COME TO APPLY HERE? _____

DO YOU HAVE PREVIOUS APPLICATION WITH MACS? () Yes () No

HAVE YOU EVER BEEN CONVICTED OF A CRIME? () Yes () No

If yes, explain number of conviction (s), nature of offense (s) leading to conviction (s), how recently such offense (s), was/were committed, sentence (s) imposed, and type (s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? () Yes () No

What is your means of transportation to work? _____

Driver's License # _____ Expiration Date: _____ Restrictions: _____

Have you had any accidents during the past three years? _____ How Many? _____

Have you had any violations during the past three years? _____ How Many? _____

ARE YOU A LICENSED PROFESSIONAL (e.g. CPA, ENGR. etc.)? () Yes () No

If yes, please indicate type and PRC Cert. No. _____

ARE YOU RELATED TO ANY PERSON EMPLOYED BY OR TO ANY SUPPLIER OR PARTNER OF MACS OR ANY OF ITS SISTER / AFFILIATE COMPANIES? () Yes () No

If yes, please indicate the name/s and relationship/s _____

HAVE YOU HAD ANY PHYSICAL OR MENTAL CONDITION WHICH LIMITS YOUR ABILITY TO PERFORM THE JOB APPLIED FOR OR POSE A POTENTIAL RISK TO OTHER EMPLOYEES? () Yes () No

If yes, please describe _____

Person to notify in case of emergency:

Name : _____ Cell Phone No.: _____

Relationship: _____ Phone No.: _____

Address: _____

I understand that employment with MACS is contingent upon several factors including satisfactory results of the following: background & reference checks & medical examination, which includes drug testing.

I hereby authorize MACS, its affiliates and agents, to use & dispose of in any manner any information and documents which I have submitted or will submit to MACS in connection with my application for employment.

I further authorize MACS and its duly authorized representatives to conduct appropriate investigation to verify the information I provided in connection with my application. All representations in this application form are true and correct to the best of my knowledge and belief and I have not knowingly omitted any related information of an adverse nature.

I agree that any misrepresentation or inaccurate information may cause my ineligibility for employment with MACS or termination from employment if I am hired. I further acknowledge that such management right to terminate my services for misrepresentation or similar actuation maybe exercised at anytime during my employment with MACS.

Printed Name: _____

Signature: _____

Date: _____



Name: _____ Date: _____

Position Applied for: _____

ESSAY

Choose only five (5) and answer concisely. You may use the back portion and/or request for extra paper.

1. What criteria are you using to evaluate the company for which you hope to work?
2. In what ways do you think you can make contribution to our company?
3. What skills do you think you have gained from schooling and past work experience?
4. What is your long-term employment and career objective?
5. What kind of job do you see yourself holding five years from now?
6. What do you think the most significant characteristics and abilities a person must possess to become successful?
7. What things frustrate you most? How do you usually cope with them?
8. What does success mean to you?
9. What are some of the things on your job(s) that you think you have done particularly well?
10. What did you like least/most about your previous job(s)?

