

APPLICATION FORM

Date Accomplished: _____

Please fill out all fields completely. Write None or N/A if not applicable.

POSITION APPLYING FOR	First Choice	Second Choice	Others			
	PERSONAL INFORMATION					
Legal Name Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Last Name			Given Name	Middle Name	Nickname
Permanent Address	Street No.	Street	Subdivision / Barangay	City / Municipality		
Mailing Address <i>if not the same as permanent</i>	Street No.	Street	Subdivision / Barangay	City / Municipality		
Contact Information	Residence Area Code Telephone No.		Mobile No.	E-mail		
Date of Birth	Month / Day / Year	Age		Place of Birth		
Citizenship	<input type="checkbox"/> Filipino <input type="checkbox"/> Others (please specify)			Religion		
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled/Divorced					
Prominent Facial Features <i>(e.g. birthmark)</i>			Height		Weight	
SSS Number		TIN		Pag-ibig		Philhealth
Chinese Language Proficiency	Can you speak Chinese? If yes, please describe your proficiency:					
	Mandarin <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Proficient <input type="checkbox"/> Not applicable					
	Fookien <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Proficient <input type="checkbox"/> Not applicable					
EDUCATIONAL BACKGROUND						
	Name of School	Degree/Course	Years Attended		Honors	
			From	To		
	Grade School					
	High School					
	College					
	Graduate School					
	Others					
PROFESSIONAL LICENSES / CERTIFICATIONS		DATE OBTAINED	DATE LAST RENEWED		RATING	
Do you have plans to pursue further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what course and when?				
EMPLOYMENT HISTORY						
Company Name <i>Most recent on top</i>	Position / Rank		Inclusive Dates		Reason for Leaving	
			From	To		

What type of work are you best qualified for?		What type of work would you like to get into eventually?	
Skills / Other Qualifications		Hobbies / Recreational Interests	
Are you willing to work on holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied or been employed with PBCOM? <input type="checkbox"/> Yes <i>Please provide details below</i> <input type="checkbox"/> No		Do you have any relatives and/or friends employed with PBCOM? <input type="checkbox"/> Yes <i>Please provide details below</i> <input type="checkbox"/> No	
Last position held/applied for _____		Inclusive Dates _____	
Full Name _____		Position _____	
Department/Branch _____			
Which location would you prefer to be assigned to? <i>Note: PBCOM reserves the right to assign any employee to other locations per business need.</i>			
<input type="checkbox"/> Makati Head Office <input type="checkbox"/> Ortigas Extension Office <input type="checkbox"/> Metro Manila Branch _____ <input type="checkbox"/> Provincial Branch _____			
How did you learn about PBCOM?			
<input type="checkbox"/> Jobstreet <input type="checkbox"/> LinkedIn <input type="checkbox"/> PBCOM Website <input type="checkbox"/> Facebook <input type="checkbox"/> Walk In <input type="checkbox"/> Invitation from HR			
<input type="checkbox"/> Referral by a PBCOM employee <i>Indicate name: _____</i> <input type="checkbox"/> Others <i>(please specify) _____</i>			
FAMILY BACKGROUND			
Name of Family Members		Age	Birthday
School/Company		Year Level/ Occupation	
Spouse			
Children			
Father			
Mother			
Siblings (including self)	Eldest		
	2 nd		
	3 rd		
	4 th		
	5 th		
CHARACTER REFERENCES			
Name		Position	Company
Contact Number			
OTHER INFORMATION			
Have you ever been discharged from previous employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state reason
Have you ever been subjected to any company administrative or legal proceedings?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details
Have you ever been charged, accused, indicted or tried for violation of any laws, ordinances, rules or regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details
Are you suffering or have suffered from any major ailments over the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe ailments
Do you have any unpaid bills (e.g. utilities) presently past due?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details
Do you have any history of past due or cancelled credit cards or past due loans?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details
CERTIFICATION			
<p>I hereby apply for employment with the Philippine Bank of Communications. I certify that all statements made hereunder, to the best of my knowledge, are true and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application and/or employment unfavorably. I understand that employment in the Bank requires absolute honesty. I bind myself that, if employed, any false statement and/or dishonest answers herein shall result in the rejection of my application or shall constitute sufficient cause for dismissal. I agree that I shall submit myself to physical and medical examinations, including the government-mandated drug testing program, before and during my employment with the Bank. I hereby authorize the Philippine Bank of Communications to conduct inquiries about my academic and professional records to verify all information stated in this application and other documents submitted for the purpose of employment with the Bank.</p>			
_____		_____	
Applicant's Signature Over Printed Name		Date	