



Opening Doors, Building Tomorrows.

EMPLOYMENT APPLICATION FORM

DATE APPLIED: _____

POSITION/S APPLIED FOR:

First Choice: _____

Second Choice: _____

DESIRED SALARY: _____

1.5 in. x 1.5 in.
PHOTO

PERSONAL INFORMATION

NAME:			
LAST	FIRST	MIDDLE	NICKNAME
BIRTHPLACE:		BIRTHDATE(mm/dd/yyyy):	
HEIGHT:	WEIGHT:	AGE:	SEX:
BLOOD TYPE:	RELIGION:	CITIZENSHIP:	
CIVIL STATUS: ___ Single ___ Married ___ Widow/er ___ Separated ___ Annulled			
CURRENT ADDRESS:			
PERMANENT ADDRESS (if any):			
OFFICE ADDRESS (if any):			
MOBILE NO.:	LANDLINE NO.:	EMAIL ADDRESS:	
SSS NO.:		TIN NO.:	
PAG-IBIG NO.:		PHILHEALTH NO.:	
DO YOU LIVE:		TAX EXEMPTION STATUS (please check)	
with parents	<input type="checkbox"/>	SINGLE/WIDOW OR WIDOWER/ LEGALLY SEPARATED	<input type="checkbox"/>
with relatives	<input type="checkbox"/>		
with friends	<input type="checkbox"/>		
in own house	<input type="checkbox"/>	MARRIED WITH NO DEPENDENT/S	<input type="checkbox"/>
in rented house	<input type="checkbox"/>		
in boarding house	<input type="checkbox"/>	MARRIED WITH DEPENDENT/S	<input type="checkbox"/>
No. of years living in present address : _____			
LANGUAGES WRITTEN/SPOKEN:			
MEMBERSHIP IN ANY CLUB OR SOCIETY:			
SPECIAL SKILLS:			
HOBBIES/SPORTS:			

FAMILY BACKGROUND

NAME	BIRTHDATE & BIRTHPLACE	ADDRESS	OCCUPATION	EMPLOYER / SCHOOL <i>(if student)</i>
FATHER				
MOTHER				
SIBLINGS <i>(From eldest to youngest)</i>				
SPOUSE				
CHILD/REN <i>(From eldest to youngest)</i>				
FATHER-IN-LAW				
MOTHER-IN-LAW				

EDUCATIONAL BACKGROUND

(use extra sheets if necessary)

	SCHOOL NAME AND LOCATION	INCLUSIVE YEARS		DEGREE/COURSE OBTAINED	HONORS/AWARDS RECEIVED
		From	To		
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
POST GRADUATE <i>(MBA, MA, PhD, etc.)</i>					
SPECIAL TRAINING / VOCATIONAL COURSES					
PROFESSIONAL LICENSE:					
PROFESSIONAL LICENSE NUMBER:			DATE OF BOARD/LICENSURE/BAR EXAM:		

EMPLOYMENT HISTORY

(Start with present or most recent employment. Use extra sheets if necessary.)

NAME AND ADDRESS OF EMPLOYER	DATE EMPLOYED		POSITION AND RANK	SALARY	REASON FOR LEAVING
	From	To			

Indicate with a tick mark (✓) your answer to the following questions.

YES NO

Have you ever been dismissed from work or forced to resign from any organization? If yes, state circumstances:		
Have you suffered from any serious illnesses, hospitalization, or accidents? When? <i>(State inclusive dates.)</i>		
Have you been treated for drug addiction?		
Have you ever been charged in court for violation of any law? If yes, state nature and status of the case/s:		
Have you ever been arrested or convicted for a criminal offense? If yes, state circumstances:		
Have you ever been involved in any labor/administrative case as a complainant or respondent? If yes, state nature and status of the case:		
Have you ever had delinquent credit (credit cards and/or business/personal loan) with a bank or financial institution?		

REFERENCES

List down three (3) names of direct supervisors from past three (3) employers.

NAME	POSITION	COMPANY NAME AND ADDRESS	CONTACT NUMBER

Give three (3) character references who are not your relatives.

NAME	POSITION	COMPANY NAME AND ADDRESS	CONTACT NUMBER

Do you have a relative working in Equicom Savings Bank?

Name: _____

Relationship: _____

MODE OF APPLICATION

Walk-in

Bank website

Job Posting/Ad

Referred by: _____

Campus Recruitment

Others : _____

RESIDENCE LOCATION SKETCH

(Show your residence and the nearest major road or highway.)

I hereby authorize **Equicom Savings Bank** to inquire on all information written on this application, conduct thorough investigation, and contact all employers listed to gain information to my employment record. I understand and agree that any malicious information, misrepresentation, concealments or omission of material facts on this application which tend to mislead will be sufficient ground for my immediate dismissal/termination at the time discovered.

Furthermore, in the course of my employment with **Equicom Savings Bank**, I understand and agree with the following:

1. I am duty bound not to divulge confidential information which I may gain access to, to any outside and/or unauthorized party under penalty of dismissal and possible court action.
2. I may not engage in any business or accept secondary employment of any nature with any external company/institution, whether on a full-time or part-time basis without the written approval of the President.
3. I authorize Equicom Savings Bank to conduct a thorough investigation on my financial status through information involving assets, liabilities, sources of income, lifestyle, and the like.
4. I shall submit myself, upon request, for physical and medical examination by Equicom Savings Bank's physician or accredited clinic/ hospital.

FULL SIGNATURE

INITIAL

(please sign over printed name)