

A. PERSONAL DATA

Name of Applicant:	Nickname:
Position Applied:	Mobile No.
Present Address:	Tel. No:
	Permanent Address:
Date of Birth:	Place of Birth:
Age:	Religion
SSS No:	TIN:
Height: Weight:	Blood Type:
Citizenship:	If Alien, ACR No:
Civil Status	Sex:
Phil health No.:	Provincial Address:
Name of Spouse:	Date of Birth:
Occupation:	Age:
Name of Company:	Address of Company:
Name of Father:	Date of Birth:
Occupation:	Age:
Name of Company:	Address of Company:
Name of Mother:	Date of Birth:
Occupation;	Age:
Name of Company:	Address of Company:

LIST OF NAME/S OF CHILDREN, IF MARRIED:

NAME	BIRTHDATE	OCCUPATION/YR.LEVEL	ADDRESS/TEL. NO.

LIST OF BROTHERS AND SISTERS:

NAME	BIRTHDATE	OCCUPATION/YR. LEVEL (SCHOOL)	NAME OF CO./SCHOOL	ADDRESS/ TEL. NO.

B. EDUCATIONAL BACKGROUND:

	Name of School	Address:	Degree/Date Graduated:
Elementary			
High School			
College			
Course			
Post Graduate			

Awards/Honors Received: _____
Special Skills: _____

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C. EMPLOYMENT RECORD: (Start from your most recent job.)

1.

Name of Company:
Address:
Position:
Immediate Superior:
Contact Number:
Date of Employment:
Duties/Responsibilities:
Salary:
Reason for Leaving:

2.

Name of Company:
Address:
Position:
Immediate Superior:
Contact Number
Date of Employment:
Duties/Responsibilities:
Salary:
Reason for Leaving:

3.

Name of Company:
Address:
Position:
Immediate Superior:
Contact Number
Date of Employment:
Duties/Responsibilities:
Salary:
Reason for Leaving:

4.

Name of Company:
Address:
Position:
Immediate Superior:
Contact Number
Date of Employment:
Duties/Responsibilities:
Salary:
Reason for Leaving:

5.

Name of Company:
Address:
Position:
Immediate Superior:
Contact Number
Date of Employment:
Duties/Responsibilities:
Salary:
Reason for Leaving:

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 HUMAN RESOURCE DEPARTMENT

Job/work experience you liked most: _____
 Reasons: _____

Job/work experience you disliked most: _____
 Reasons: _____

Have you commenced an action before any administrative, quasi-judicial or judicial courts?
 If yes, state the nature of the action: _____

Were you a member of a labor union ? _____
 If yes, state the name and date of membership: _____

D. CHARACTER REFERENCES (Not a relative nor a former superior.)

NAME	RELATIONSHIP	OCCUPATION	Name of Company	Address	Contact No.

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME : _____
ADDRESS : _____
TELEPHONE : _____
RELATIONSHIP : _____

I HEREBY certify that the facts contained in this bio-data are true and complete to the best of my knowledge.

Signature of Applicant

Date

(Please draw sketch of residence at the back)