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**APPLICANT’S PERSONAL DATA SHEET**

PHOTO

*(passport size)*

 **I. PERSONAL INFORMATION**

### PERSONAL DATA

|  |  |  |
| --- | --- | --- |
| POSITION/S APPLIED FOR1. 2.
 | HOW DID YOU COME TO KNOW OF THE POSITION      | GENDER[ ]  Male [ ]  Female |
|  PREFIX FAMILY NAME FIRST NAME MIDDLE NAME                         | NICKNAME      | E-MAIL       |
| PRESENT ADDRESS *(# Street, Barangay, City, Province, ZIP)*      | LIVING WITH      | MOBILE NO.      | TELEPHONE NO.      |
| PERMANENT ADDRESS (# Street, Barangay, City, Province, ZIP)      | LIVING WITH       | TELEPHONE NO.      |
| PROVINCIAL ADDRESS (# Street, Barangay, City, Province, ZIP)      | LIVING WITH       | TELEPHONE NO.      |
| PLACE OF BIRTH       | CITIZENSHIP      |  |  |
| RELIGION [ ]  UCCP[ ]  Catholic[ ]  Iglesia ni Cristo[ ]  Muslim[ ]  Protestant[ ]  Others \_\_\_\_\_\_\_ | CIVIL STATUS [ ]  Single[ ]  Married[ ]  Widowed[ ]  Separated[ ]  Divorce | PHILHEALTH NO.      | PASSPORT NO.      | PASSPORT EXPIRATION DATE      | PASSPORT COUNTRY OF ORIGIN      |
| PAG-IBIG NO.       |
| TIN      |
| SSS NO.      |
| FATHER’S NAME OCCUPATION/EMPLOYER DATE OF BIRTH (M/D/Y)                   |
| MOTHER’S MAIDEN NAME OCCUPATION/EMPLOYER DATE OF BIRTH (M/D/Y)                   |
| NAME OF SPOUSE OCCUPATION/EMPLOYER DATE OF BIRTH (M/D/Y)                  |
| NAME OF YOUR CHILDREN DATE OF BIRTH (M/D/Y)1)            2)            3)             | NAME OF YOUR CHILDREN DATE OF BIRTH (M/D/Y)4)            5)            6)             |
| PERSON TO CONTACT NAME ADDRESS TELEPHONE NO. RELATIONSHIPIN CASE OF EMERGENCY:                         |
| EDUCATION |
| EDUCATIONAL ATTAINMENT | NAME OF SCHOOL | COURSE | FROM | TO | HIGHEST LEVEL COMPLETED |
| HIGH SCHOOL |       |       |       |       |       |
| VOCATIONAL SCHOOL |       |       |       |       |       |
| COLLEGE |       |       |       |       |       |
| POST GRADUATE |       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

### TRAININGS

|  |  |  |
| --- | --- | --- |
| NATURE OR TITLE OF SEMINAR, WORKSHOP,SPECIAL COURSE, OR FELLOWSHIP | NAME AND LOCATION OF INSTITUTION | INCLUSIVE DATES ATTENDED |
|       |       |       |
|       |       |       |
|       |       |       |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SPECIAL SKILLS/ OTHER QUALIFICATIONSSKILLS | YES | NO | SPECIAL SKILLS / OTHER QUALIFICATIONS | YES | NO |
| COMPUTER SKILLS (SPECIFY SOFTWARE) | [ ]  | [ ]  | LABORATORY WORK | [ ]  | [ ]  |
| COMPUTER REPAIR/ MAINTENANCE | [ ]  | [ ]  | DRIVING (Specify type of license) | [ ]  | [ ]  |
| ACCOUNTING  | [ ]  | [ ]  | SKILLED WORK: (Pls. specify)(e.g., electrical, carpentry, painting, plumbing, welding, automotive, mason ) | [ ]  | [ ]  |
| CASHIERING | [ ]  | [ ]  | OTHERS: (Pls. specify)      |
| PROFESSIONAL ELIGIBILITY: LICENSE NO: ACTIVITIES            | REGISTRATION DATE: VALIDITY:            |

|  |
| --- |
| MEMBERSHIP IN ORGANIZATIONS AND CLUBS      |
| HOBBIES & RECREATIONAL ACTIVITIES      |

((Employment record outside Brokenshire College. Please start with the most recent. ( Please attach your resume.)

#### WORK EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INCLUSIVE DATES OF EMPLOYMENT | COMPANY NAME & ADDRESS | POSITION | SALARY | REASON FOR LEAVING |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

(Employment record in the Brokenshire College. (Please start with the most recent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INCLUSIVE DATES OF EMPLOYMENT | UNIT | POSITION | SALARY | REASON FOR LEAVING |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

#### REFERENCES

|  |
| --- |
| PROFESSIONAL REFERENCES: (Faculty, Academic Adviser, and/or Previous Supervisor; Exclude Relatives)  NAME COMPANY AND ADDRESS POSITION TEL NUMBER EMAIL |
| 1.                               |
| 2.                               |
| 3.                               |
| 4.                               |

#### HEALTH

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS | YES | NO | IF YES, NATURE OF ILLNESS |
| Have you been hospitalized previously? | [ ]  | [ ]  |       |
| Have you undergone surgery previously? | [ ]  | [ ]  |       |
| Do you currently undergo any treatment? | [ ]  | [ ]  |       |
| Weight      | Height      |
| What is your Blood Type?      | When was your last chest X-Ray?      | What was the result?      |

|  |
| --- |
| DO YOU HAVE ANY CIRCUMSTANCE/CONSIDERATIONS THAT MIGHT AFFECT YOUR EMPLOYMENT IN THE COLLEGE IF HIRED (E.G plans of migrating, further studies, and health?) [ ]  YES [ ]  NO If yes, please give details:       |
| HAVE YOU EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION IN ANY OF YOUR PREVIOUS EMPLOYMENT? [ ]  YES [ ]  NOIf yes, please give details:       |
| HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE? [ ]  YES [ ]  NO If yes, please give details:       |

**II. DECLARATION OF OCCUPATION AND EMPLOYER OF RELATIVES WORKING IN THE COLLEGE**

#### OTHERS

Print clearly and provide details according to this order: Parents, Siblings, Spouse, Children, Parent-in-law, Brother/Sister-in-law, First Cousin-in-law, Uncle/Aunt, Nephew/Niece (son/daughter of brother/sister)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LAST NAME | FIRST NAME | MIDDLE NAME | RELATIONSHIP | OCCUPATION/EMPLOYER |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**III. ESSAY (Use another sheet if necessary.)**

|  |
| --- |
| 1. Write what you want to say to yourself

*Sulat kung ano ang nais mong sabihin sa iyong sarili* |
| 1. What are your career plans? What do you see yourself doing in the next 10 years?

*Ano ang plano mo para sa iyong career? Paano mo nakikita ang sarili mo sa mga susunod na sampung (10) taon?*      |

|  |
| --- |
| 1. What are your strength/s that can help you perform in the position you are applying for?

*Ano ang iyong mga maiinam na katangian na makakatulong upang magampanan ang trabahong iyong inaaplayan?*      |
| 1. Why do you want to work at the Brokenshire College,Inc.?

*Bakit nais mong magtrabaho sa* Brokenshire College, Inc.*?*      |
| 1. What are your weakness/es that can hinder you in performing the duties expected from you?

*Ano ang iyong mga kakulangan o kahinaan na maaaring maging hadlang sa pagganap ng inyong tungkulin?*      |
| 1. If accepted in the position you are applying for, what can you contribute to the office/unit?

*Kung ikaw ay matatanggap sa posisyong ito, ano ang maaari mong maibahagi sa opisinang iyong kabibilangan?*      |

**IV. APPLICATION DOCUMENTS**

Included in this Personal Data Sheet are my:

* Letter of Intent, addressed to the HRMD Director
* Letter of Recommendation from current/previous supervisor
* Resume
* Portfolio of past works *(for technical positions)*
* Transcript of Record
* Diploma
* Certificate of Employment/Good Moral Character
* Medical Records (CBC, X-Ray, Urinalysis, Physical Exam, Medical Certificate – Fitness to Work)
* NBI Clearance *or* Police & Barangay Clearance
* NSO Birth Certificate (applicant/dependents)
* NSO Marriage Contract
* Proof of TIN
* Proof of SSS Number
* Proof of PhilHealth Number
* Proof of Pag-IBIG Number
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the foregoing information contained in this Personal Data Sheet and all documents submitted are true and correct to the best of my knowledge. I understand that this may serve as the basis of my employment and that I have not withheld any fact or circumstance, which could affect my application unfavorably. It is understood that if there are any omissions or misrepresentations contained in this document, reasonable proof of this will be sufficient ground for the termination of my employment. This also serves as an authorization for the Brokenshire College to conduct verification on the information, which I have provided.

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **A*pplicant’s signature over printed name Date Applied***

**NOTE**: *Instructions for document submission:*

1. Fasten the documents in a manila folder
2. Arrange the documents as indicated above
3. Write your name on the flap of the folder (Prefix, Last Name, First Name, MI).