BNC INGREDIENTS CORPORATION

Job Application Form

APPLICATION FOR EMPLOYMENT

Date Applied:

Source Of Application:

Position Applied for:

Salary Expected:

Second Choice:

Available to Start on:

PERSONAL DATA

Family Name:

First Name:

Middle Name:

Nickname:

Present Address:

Since When in this Address (YEAR)

Permanent Address:

Date of Birth:

Place of Birth:

Citizenship:

Religion:

Civil Status:

Person to Contact in case of Emergency:

Address/Phone No:

Landline:

Mobile:

Email:

Age:

Height:

Weight:

Relationship:

Viber:

Facebook:

Others:

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Application for Employment

LANGUAGE PROFICIENCY

Indicate Languages/Dialects you know and Degree of Proficiency:	Spoken			Written			Understand		
	Fluent	Fair	Poor	Fluent	Fair	Poor	Fluent	Fair	Poor

EDUCATIONAL BACKGROUND

Name of School:	From:	To:	Course/Degree:	Honors/Awards:

EMPLOYMENT RECORDS (PRESENT OR LAST EMPLOYER FIRST)

Company:	Position:	From:	To:	Basic Salary:	Office Tel No.	Reason's for Leaving:

SEMINARS/TRAININGS ATTENDED

Course/Title:	From:	To:	Venue:	Conducted By:

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Application for Employment

GOVERNMENT EXAMS TAKEN

Title/Types:	Years Taken:	Results/Rate:

What was your Major Achievement/Accomplishment inyour previous employment /school?

FAMILY DATA

Name	Date of Birth	Occupation	Employer/School
Father:			
Mother:			
Brother(s):			
Sister(s):			
If Married:			
Spouse:			
Children(s):			

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Application for Employment

GOVERNMENT EXAMS TAKEN

If presently employed, Why do you wish to make a change? Write a reason below:

Do you have relatives working in Chemicals, Ingredients, or related Industries?

Have you ever been Dismissed, Suspended or Forced to resign from Service of any employer? If so, Why?

Do you have any objections if we contact your previous employers?

Do you smoke? If yes, How many sticks per day?

Do you drink? How frequent?

Have you ever benn seriously ill? If so, What illsness and date:

When was your last medical examination? State findings, Name of Doctor & address:

Have you ever benn convicted of any crime or offense (Except traffic Violations)?

Do you have any pending case (Civil, Criminal, Administrative, and Military) If Yes, please explain:

Are you solely dependent on your employment for your livelihod? If not, State other sources of income:

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Application for Employment

Hobbies and Sports

Do you possess a valid Driver's License? If yes please provide license no.

SSS Number:

TIN:

Pag-IBIG Number:

Philhealth:

Computer Knowledge:

Typing/Shorthand Speed:

Machines Operated:

CHARACTER REFERENCES (NOT RELATIVES NOR EMPLOYERS)

Name:	Relationship & Length of Acquaintance:	Company:	Position:	Tel/Mobile no.	Company Address

I here declare that the information I have given is true and correct to the best of my knowledge and belief, and that I have not willfully withheld any material fact. It is understood and agreed that any mispresentation by me in this application will be of this application/ or separation from the company's services, if i have been employed. If employed, I agree to abide by all the rules and regulation of this company.

Date:

Applicants Signature over printed name