

PHOTO  
1" X 1"

SHEET IS FOR OFFICE  
RECORD ONLY AND  
DOES NOT IMPLY THERE IS  
A POSITION OPEN

# APPLICATION FOR EMPLOYMENT

EM 042 (REV 05/08)



**e n e r g y**  
DEVELOPMENT CORPORATION

POSITION APPLIED FOR	MONTHLY SALARY DESIRED	DATE AVAILABLE FOR WORK
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<b>PERSONAL</b>	PRINT NAME (Family Name) (First Name) (Middle Name)			CITIZENSHIP			
	PRESENT ADDRESS				E-MAIL ADDRESS		
	PERMANENT ADDRESS				CELLPHONE NO.	HOME/OFFICE NO.	
	AGE	SEX	DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH		HEIGHT	WEIGHT
	MARITAL STATUS			FULL NAME OF SPOUSE		NO OF CHILDREN	NO OF OTHER DEPENDENTS
	OCCUPATION OF SPOUSE/PARENT (Indicate Name, Position, & Place of Work)				IN CASE OF EMERGENCY, NOTIFY (Indicate Name, Address, Tel. No., Relationship)		
	LANGUAGES AND DIALECTS		SPEAK	WRITE	READ	SSS NO	TAX ID NO
	RELATIVE(S) CURRENTLY EMPLOYED BY THE COMPANY				COMPANY/LOCATION	RELATIONSHIP	
	HAVE YOU EVER APPLIED WITH OR BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, INDICATE WHEN AND WHERE		
	ARE YOU WILLING TO ACCEPT PROVINCIAL ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHERE?		

<b>EDUCATION</b>	TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	NO OF YEARS FINISHED	YEAR GRADUATED	DEGREE AND MAJOR	SCHOLASTIC HONOR
	HIGH SCHOOL					
	COLLEGE OR UNIVERSITY					
	GRADUATE OR OTHER FORMAL EDUCATION					
	WHAT ARE YOUR PRESENT PLANS FOR IMPROVING YOUR EDUCATION?					
TAKING ANY COURSE NOW? (Indicate What & Where)						

<b>GOV'T EXAM</b>	NAME OF EXAM(S) TAKEN	LICENSE NO	WHERE AND DATE TAKEN	RATING/GRADE

<b>ACTIVITIES</b>	ATHLETIC ACTIVITIES (College Sports)	ACTIVITIES OTHER THAN ATHLETICS (Publications, Class Organizations, Clubs, etc.)	HOBBIES & OUTSIDE INTEREST (Including Civic Activities)

<b>WORK EXPERIENCE</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>DATES</b>	<b>NATURE OF WORK</b>	<b>MONTHLY SALARY</b>
	PRESENT POSITION	FROM		
		TO		
	LAST POSITION	FROM		
		TO		
SECOND LAST	FROM			
	TO			
THIRD LAST	FROM			
	TO			
<b>OTHER INFORMATION</b>	OTHER SPECIAL ABILITIES?			
	WHAT TYPE OF WORK WOULD YOU LIKE TO GET INTO EVENTUALLY?			
	ANY SERIOUS ILLNESS? WHEN?		ANY PHYSICAL DEFECT OR WEAKNESS?	
	FOR COMPANY STATISTICS ONLY			
	THROUGH WHAT CHANNEL WAS YOUR APPLICATION MADE? (Please Check.) <input type="checkbox"/> APPLIED ON MY OWN <input type="checkbox"/> ANSWERED NEWSPAPER AD <input type="checkbox"/> RECRUITED FROM SCHOOL <input type="checkbox"/> REFERRED BY EDC EMPLOYEE - REFERRED BY _____			
<b>NAME</b>	<b>ADDRESS</b>	<b>TEL NUMBER</b>	<b>OCCUPATION</b>	<b>YRS KNOWN</b>
<b>EMPLOYEE'S UNDERTAKING</b>	I hereby certify that the above information are true and correct, and I relieve the company from any liability arising from the verification of the above information. I understand that any false statement or data in this information sheet discovered at any time during my employment may result in just dismissal from service. Furthermore, I commit to voluntary update my records with the company, submitting necessary forms as soon as there will be changes in my personal status.			
	PRINTED NAME	SIGNATURE		DATE SIGNED
<b>HR USE ONLY</b>	REMARKS			