

PHOTO
1" X 1"

APPLICATION FOR STUDENT TRAINEESHIP PROGRAM

EM 831 (REV 05/09)



PERSONAL	PRINT NAME (Family Name)		(First Name)		(Middle Name)		CITIZENSHIP
	ADDRESS					CP/ TEL. NO.	E-MAIL ADDRESS
	AGE	DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	SEX	HEIGHT	WEIGHT	
	CIVIL STATUS	SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/>	FULL NAME OF SPOUSE	NO OF CHILDREN	SSS NO	TIN NO.	
		MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>					
	LANGUAGES AND DIALECTS	SPEAK		WRITE	READ		
		NAME					TELEPHONE NO
	IN CASE OF EMERGENCY, NOTIFY	ADDRESS					RELATIONSHIP
	RELATIVE(S) CURRENTLY/ PREVIOUSLY EMPLOYED BY EDC	NAME		COMPANY/LOCATION		RELATIONSHIP	
	HAVE YOU EVER APPLIED WITH OR BEEN EMPLOYED BY THIS COMPANY?		<input type="checkbox"/> APPLIED ONLY <input type="checkbox"/> EMPLOYED		IF EMPLOYED, INDICATE WHEN/ WHERE/ POSITION		
EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION		YEAR GRADUATED	DEGREE & MAJOR	SCHOLASTIC HONOR/S	
	ELEMENTARY						
	HIGH SCHOOL						
	COLLEGE OR UNIVERSITY						
	VOCATIONAL						
ACTIVITIES	ATHLETIC ACTIVITIES (College Sports)		ACTIVITIES OTHER THAN ATHLETICS (Publications, Class Organization, Clubs, etc.)		HOBBIES & OUTSIDE INTEREST (Including Civic Activities)		
WORK EXPERIENCE	NAME & ADDRESS OF EMPLOYER			INCLUSIVE DATES	NATURE OF WORK	MONTHLY SALARY (Upon Leaving)	

OTHER INFORMATION	WHAT OFFICE MACHINES CAN YOU OPERATE?			
	OTHER SPECIAL ABILITIES?			
	ANY SERIOUS ILLNESS? WHEN?			
	ANY PHYSICAL DEFECT OR WEAKNESS?			
	WHAT TYPE OF WORK WOULD YOU LIKE TO GET INTO EVENTUALLY?			
	HOW LONG/ HOW MANY HOURS DO YOU INTEND TO PURSUE YOUR TRAINEESHIP PROGRAM?			
	WHEN WILL YOU BE AVAILABLE TO START?			
CHARACTER REFERENCE	NAME	ADDRESS	TEL NUMBER	YRS KNOWN
STUDENT TRAINEE'S UNDERTAKING	<p>I hereby affirm that the information on this record are true, and that I have withheld nothing from the Company. Should any entry be found erroneous, I take full responsibility, and may be considered sufficient ground to cause my termination from the Company. For this reson, I authorized the Company to verify said given information.</p>			
	PRINTED NAME	SIGNATURE	DATE	
HRMD USE ONLY	REMARKS			