



PHOTO  
( 2 x 2 )

**APPLICATION FOR EMPLOYMENT**

POSITION/S APPLIED FOR:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT : \_\_\_\_\_

MINIMUM SALARY EXPECTED : \_\_\_\_\_

**INSTRUCTIONS :**

- A. APPLICANT MUST FILL OUT THIS FORM IN THEIR OWN HANDWRITING.
- B. IT IS IMPORTANT THAT EACH QUESTION BE ANSWERED FULLY, CLEARLY AND ACCURATELY.
- C. PLEASE USE INK AND PRINT ALL INFORMATION.

CODE: PVB WEBSITE

I. PERSONAL INFORMATION						
LAST NAME		FIRST NAME		MIDDLE NAME	NICKNAME	
PRESENT ADDRESS:					PHONE/CELLPHONE NO.	
OFFICE ADDRESS:					PHONE NO.	
PROVINCIAL ADDRESS:					PHONE/CELLPHONE NO.	
SEX:	AGE:	SSS NO.:	TIN NO.:	PAG-IBIG NO.:		
DATE OF BIRTH:	PLACE OF BIRTH:	RELIGION:	CITIZENSHIP:	LANGUAGE/S YOU CAN WRITE /SPEAK:		
CIVIL STATUS:						
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Annulled						
II. FAMILY RECORD						
SPOUSE						
LAST NAME		FIRST NAME		MIDDLE NAME	BIRTHDATE	CITIZENSHIP
DATE OF MARRIAGE						
COMPANY NAME / ADDRESS				POSITION	CONTACT NUMBERS	
CHILDREN						
NAME		AGE	DATE OF BIRTH		RELATIONSHIP	
FATHER						
LAST NAME		FIRST NAME		MIDDLE NAME	BIRTHDATE	PRESENT ADDRESS
COMPANY NAME / ADDRESS				POSITION	CONTACT NUMBERS	
MOTHER						
LAST NAME		FIRST NAME		MIDDLE NAME	BIRTHDATE	PRESENT ADDRESS
COMPANY NAME / ADDRESS				POSITION	CONTACT NUMBERS	
BROTHERS						
NAME		BIRTHDATE	IF CURRENTLY EMPLOYED		IF STUDENT	
			OCCUPATION	COMPANY	YR/COURSE	SCHOOL
SISTERS						
ARE YOU A SON/GRANDSON or DAUGHTER/GRANDDAUGHTER OF A RECOGNIZED WWII VETERAN?						
<input type="checkbox"/> Yes ( Write details on the space provided ) <input type="checkbox"/> No <input type="checkbox"/> Not Sure						
Veteran's Name: _____						
Unit: _____						
Others: _____						
MEMBER OF : <input type="checkbox"/> VFP? <input type="checkbox"/> SDAI?                ( Please submit copy of membership card )						

SOURCE OF APPLICATION		
<input type="checkbox"/> WALK - IN	<input type="checkbox"/> INTERNET AD	<input type="checkbox"/> ON CAMPUS RECRUITMENT
<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> RADIO AD	
<input type="checkbox"/> REFERRAL <i>Person who referred you to us (State name, relationship, occupation, address &amp; tel. no)</i>		
<input type="checkbox"/> Others, please specify :		

HAVE YOU EVER APPLIED OR BEEN EMPLOYED WITH THIS BANK? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHEN & WHERE? _____

RELATIVE/S EMPLOYED IN PVB	RELATIONSHIP	DEPARTMENT / BRANCH
1.		
2.		

IN CASE OF EMERGENCY, WHOM WOULD YOU WISH US TO NOTIFY IMMEDIATELY?			
FULL NAME	RELATION	ADDRESS	PHONE NO.

III. EDUCATIONAL BACKGROUND						
NAME & LOCATION OF SCHOOL	YEARS		GRADUATED		DEGREE / MAJOR	HONORS
	FROM	TO	YES	NO		
HIGH SCHOOL						
COLLEGE / UNIVERSITY						
GRADUATE SCHOOL						
OTHERS						

GOVERNMENT EXAMINATIONS TAKEN:		
TYPE OF EXAMINATION	DATE / PLACE	RATING

SPECIAL TRAINING / SHORT COURSES ATTENDED:		
COURSE TITLE	CONDUCTED BY	DATE / YEAR

NOTE: USE EXTRA SHEET IF NECESSARY.

IV. SOCIAL ACTIVITIES		
Past and Present Extra- Curricular Activities and Membership in Organizations		
DATE	SCHOOL / PROFESSIONAL AND / OR CIVIC ORGANIZATIONS	POSITION
HOBBIES		

**TALENTS**

**V. EMPLOYMENT RECORD (starting with present employment going backwards)**

DATE	COMPANY/ADDRESS	POSITION	SALARY	REASON FOR LEAVING
1. From	Company	At Start	At Start	
To	Company	At Leaving	At Leaving	
2. From	Company	At Start	At Start	
To	Company	At Leaving	At Leaving	
3. From	Company	At Start	At Start	
To	Company	At Leaving	At Leaving	

Indicate office practice or training in any company: \_\_\_\_\_  
 No. of hours completed: \_\_\_\_\_

**MAY WE CONTACT YOUR PRESENT/PREVIOUS EMPLOYERS FOR REFERENCE?**

No  Yes (If no, please explain)

\_\_\_\_\_

**DO YOU HAVE ANY PENDING ACCOUNTABILITIES FROM ANY OF YOUR CURRENT/PREVIOUS EMPLOYERS?**

No  Yes (If yes, please provide details)

\_\_\_\_\_

**HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY POSITION IN YOUR PREVIOUS EMPLOYMENT?**

No  Yes (If yes, please provide details)

\_\_\_\_\_

**IS/ARE THERE PENDING COURT CASE/S FILED AGAINST/BY YOU?**

None  Yes (If yes, please provide details)

\_\_\_\_\_

**Special Abilities in Banking Operations**

	YEARS OF EXPERIENCE		YEARS OF EXPERIENCE
<input type="checkbox"/> ACCOUNTING		<input type="checkbox"/> FOREIGN	
<input type="checkbox"/> ADMINISTRATION		<input type="checkbox"/> HUMAN RESOURCES	
<input type="checkbox"/> AUDIT		<input type="checkbox"/> LEGAL	
<input type="checkbox"/> BUSINESS DEVELOPMENT		<input type="checkbox"/> LOANS	
<input type="checkbox"/> CASH		<input type="checkbox"/> MONEY MARKET	
<input type="checkbox"/> CREDIT & RESEARCH		<input type="checkbox"/> SYSTEMS	
<input type="checkbox"/> CORPORATE AFFAIRS		<input type="checkbox"/> TRUST	
<input type="checkbox"/> CORPORATE PLANNING		<input type="checkbox"/> OTHERS	

OFFICE MACHINES OPERATED:

OTHER SPECIAL SKILLS:

NOTE: USE EXTRA SHEET IF NECESSARY.

**DO YOU EXPECT TO BE ENGAGED IN ANY OTHER BUSINESS OR WORK WHILE EMPLOYED BY THE BANK?**  No  Yes (Describe nature of work and number of hours required)

\_\_\_\_\_

\_\_\_\_\_

**NAME BUSINESSES WHERE YOUR EQUITY INTERESTS AMOUNT TO MORE THAN 20 PERCENT.**

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP IN CIVIC/PROFESSIONAL ORGANIZATIONS:**

NAME OF ORGANIZATION	POSITION
1.	1.
2.	2.

**LIST OF PERSONAL REFERENCES (NOT RELATIVES):**

NAME	OCCUPATION	COMPLETE ADDRESS	YEARS KNOWN
1.			

2.			
3.			

<b>VI. OTHERS</b>		
Please give brief description of yourself, describing how your personal characteristics can make you an asset to the Bank.		
If you should be taken in by the Bank, would you accept any assignment in any of its Branches?		
Yes _____	No _____	Preferred Assignment _____
Do you drink intoxicating liquors?	Yes	No
When was your last physical exam?		
Was the result generally positive?	Yes	No
If no, give details:		
Specify history of surgery/major diseases:		

<b>V. APPLICANT'S CERTIFICATION</b>	
I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.	
I hereby authorize Philippine Veterans Bank to conduct investigation and inquiries as to my personal employment and such other background information as may be pertinent to my qualification.	
I fully understand and accept that if any time after engagement, it is found that a false declaration has been made in this form, the Bank has the absolute right to terminate my employment.	
I fully understand that if I fail to submit to the Bank any or all pre-employment requirements, the same shall be a ground for disqualifying me for employment and/or revocation of my appointment as employee of the Philippine Veterans Bank.	
I acknowledge the obligation to refrain from divulging any confidential information I may acquire during the course of my employment with the Bank. I am also willing to undergo or comply, upon request by the Bank, other additional requirements, such as, but not limited to, Medical and Physical Examination, Reference / Credit Checking and submission of all pre-employment documents.	
Once I am employed with the Bank, I acknowledge the Bank's prerogative to re-assign or transfer me to any department in the Head Office or branches anywhere in the Philippines as may be deemed necessary or when the Bank, in its judgment, consider my transfer or re-assignment to be most useful. I fully understand that my place of assignment at the time of my hiring is considered my homebase.	
I further agree and undertake to abide by all the policies of the Bank.	
_____	_____
Signature Over Printed Name	Date

<b>VII. FOR STAFFING &amp; RECRUITMENT USE ONLY</b>		
INTERVIEWERS COMMENTS:		
Final Recommendation	Schedule for further interview	Position
_____	_____	_____
_____	Active File	Position
_____	Reject	_____
Interviewed by :		
_____	_____	_____
Signature Over Printed Name	Date	