EAGLEMATRIX SECURITY AGENCY, INC.

124 RYS Bldg., 15th Avenue, Brgy. San Roque, Cubao, Quezon City
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APPLICATION FORM

Date Application Filed:
Position Applied For:
SSS No.:
PAG-IBIG:
TIN:

2 x 2
ID Picture

PERSONAL INFORMATION

Name: _____ _____ _____
Last Name First Name Middle Name

Age: _____ Sex: _____ Date of Birth: __/__/____ Place of Birth: _____
Religion: _____ Civil Status: ( ) Single ( ) Married ( ) Widow/ er ( ) Separated
Citizenship: _____ Union Affiliation: _____ Body Built: _____
Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
Father's Name: _____
Date of Birth: __/__/____ Occupation: _____
Mother's Name: _____
Date of Birth: __/__/____ Occupation: _____
Spouse's Name: _____
Date of Birth: __/__/____ Occupation: _____

City/ Permanent Address: _____
Contact Number: _____ Zip Code: _____
Nature of Address: ( ) Owned ( ) Rented ( ) Staying with Relatives/ Friends

Provincial Address: _____
Telephone Number: _____ Zip Code: _____
Nature of Address: ( ) Owned ( ) Rented ( ) Staying with Relatives/ Friends

Person to notify in case of emergency: _____
Address: _____
Relationship: _____ Telephone Number: _____

LIST OF DEPENDENTS / BENEFICIARIES

Name	Relationship	Date of Birth

EDUCATIONAL BACKGROUND

	Name of School/ Address	Course	Inclusive Date of Attendance/ Year Graduated
Elementary:			
High School:			
College:			
Vocational Course:			

TRAININGS / SEMINAR ATTENDED

Inclusive Dates From	To	Course	Training School Attended
__/__/____	__/__/____	_____	_____
__/__/____	__/__/____	_____	_____
__/__/____	__/__/____	_____	_____

EMPLOYMENT HISTORY

Inclusive Dates From	To	Company/ Agency	Address	Position
__/__/____	__/__/____	_____	_____	_____
Job Description: _____				
__/__/____	__/__/____	_____	_____	_____
Job Description: _____				
__/__/____	__/__/____	_____	_____	_____
Job Description: _____				

MILITARY HISTORY

Inclusive Dates From	To	Rank	Unit	Location
__/__/____	__/__/____	_____	_____	_____
__/__/____	__/__/____	_____	_____	_____
__/__/____	__/__/____	_____	_____	_____

Date of Termination: __/__/____ Reason: _____ Year in service: _____

SKILLS: _____ **SPORTS/ HOBBIES**: _____

CHARACTER REFERENCE

Names	Occupation	Address and Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

How did you know about Eaglematrix? ( ) Ads ( ) Referral ( ) Walk-in ( ) Absorption
If referred, who referred you? _____ Address: _____
Have you been convicted of any crime? ( ) Yes ( ) No If so, give details: _____
Do you have pending case in court? ( ) Yes ( ) No If so, give details: _____
Do you drink intoxicating liquor? ( ) Yes ( ) No If so, give details: _____
Do you smoke? ( ) Yes ( ) No If so, give details: _____
Are you presently a member of any labor union or organization? ( ) Yes ( ) No
Do you drive any motor vehicle? ( ) Yes ( ) No What type of vehicles? _____
Length of driving experience: _____(years) Do you possess a driver's license? ( ) Yes ( ) No

State in less than fifty (50) words why you have chosen this job.

_____
_____
_____

This is to certify that the above data are true and correct to the best of my knowledge. I hereby agree and willingly accept the following terms and conditions.

1. To abide by the rules and regulations of this company
2. To be assigned/ rotated as the agency may decide.
3. To submit myself to periodic and character checks to include polygraph and psychiatric examination as may be necessary.

That this agency can terminate me outright because of any of the following reasons FALSE STATEMENT IN THIS APPLICATION, DRUNKNESS WHILE AT WORK, TARDINESS/ VIOLATION OF COMPANY RULES AND REGULATIONS, REPEATED COMPLAINT BY THE CLIENT FOR INEFFICIENCY OR POOR PERFORMANCE AND CONTINUED ABSENCE WITHOUT OFFICIAL LEAVE.

_____
SIGNATURE OVER PRINTED NAME