7th Floor Erechem Building, Salcedo corner V.A. Rufino Streets, Legaspi Village, Makati City
Trunklines : 632.759.6809 to 10 | 759.3056 to 57 | 832.6326 | 832.632
Fax : 632.759.6811

Application Form 1

PERSONAL DATA

Date: ______________________

Position Desired: ______________________

Salary Desired: ______________________

Name: ______________________

Surname *First Name* *Middle Name* *Name Extension*

City Address: ______________________

Living with: ______________________

Provincial Address: ______________________

Living with: ______________________

Age: __________ Date of Birth: __________

Place of Birth: ______________________

Gender: __________ Contact Number: __________

Religion: __________ Height: __________

Citizenship: __________ Weight __________

Civil Status: __________ Language Spoken: __________

Person to be notified in case of Emergency: ______________________

Relation: __________ Contact Number: __________

His/Her Address: ______________________

SSS NUMBER: PAGIBIG NUMBER: __________

PHILHEALTH NUMBER: TIN NUMBER: __________

EDUCATIONAL ATTAINMENT

	Name of School	Location of School	Year Graduated
Elementary			
High School			
College			
Course			

EMPLOYMENT HISTORY

(Present to Previous)

From- To	Company Name & Address	Position	Salary	Reason for Leaving

7th Floor Erechem Building, Salcedo corner V.A. Rufino Streets, Legaspi Village, Makati City
Trunklines : 632.759.6809 to 10 | 759.3056 to 57 | 832.6326 | 832.632
Fax : 632.759.6811

How did you know about the company's hiring? ______________________
Who referred you to Jump Solutions, Inc.? ______________________
What is your relationship to the referror? ______________________
Do you know someone who is working in the company? ______________________

CHARACTER REFERENCE **(Not Related To You)**
a. Immediate Head / Supervisor from your previous/current employer
b. If fresh graduate, your Professor / OJT Supervisor

Name	Occupation	Company Name & Address	Contact #

I understand the nature and extent of the personal information to whose disclosure I grant consent and the nature of that disclosure, and I intend to be bound fully by my consent to disclosure as described in this document, in confirmation of which I do hereby sign this document in my own hand.

I also hereby certify that the facts contained in this application form are true and complete to the best of my knowledge.

____
PRINTED NAME & SIGNATURE OF APPLICANT

7th Floor Erechem Building, Salcedo corner V.A. Rufino Streets, Legaspi Village, Makati City
Trunklines : 632.759.6809 to 10 | 759.3056 to 57 | 832.6326 | 832.632
Fax : 632.759.6811

Application Form 2

FAMILY BACKGROUND:

PATERNAL

Father
Name
Age
Occupation

Uncles/Aunts
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation

Cousins
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation

MATERNAL

Mother
Name
Age
Occupation

Uncles/Aunts
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation

Cousins
Name
Occupation
Name
Occupation
Name
Occupation
Name
Occupation

SIBLINGS

Brother/s
Name
Age
Occupation

Name
Age
Occupation

Name
Age
Occupation

Sister/s
Name
Age
Occupation

Name
Age
Occupation

Name
Age
Occupation

Name
Age
Occupation

SPOUSE & CHILDREN

Spouse Name
Age
Occupation

Child's Name
Age
Occupation

Child's Name
Age
Occupation

Child's Name
Age
Occupation

Child's Name
Age
Occupation

Child's Name
Age
Occupation

7th Floor Erechem Building, Salcedo corner V.A. Rufino Streets, Legaspi Village, Makati City
Trunklines : 632.759.6809 to 10 | 759.3056 to 57 | 832.6326 | 832.632
Fax : 632.759.6811

FAMILY BACKGROUND (Continuation):

SPOUSE RELATIVES

Mother's Name		**Siblings:**		**Siblings:**	
Age		Name		Name	
Occupation		Age		Age	
		Occupation		Occupation	
Father's Name					
Age		Name		Name	
Occupation		Age		Age	
		Occupation		Occupation	
Siblings:					
Name		Name		Name	
Age		Age		Age	
Occupation		Occupation		Occupation	

I understand the nature and extent of the personal information to whose disclosure I grant consent and the nature of that disclosure, and I intend to be bound fully by my consent to disclosure as described in this document, in confirmation of which I do hereby sign this document in my own hand.

I also hereby certify that the facts contained in this application form are true and complete to the best of my knowledge.

____
PRINTED NAME &SIGNATURE OF APPLICANT

7th Floor Erechem Building, Salcedo corner V.A. Rufino Streets, Legaspi Village, Makati City
Trunklines : 632.759.6809 to 10 | 759.3056 to 57 | 832.6326 | 832.632
Fax : 632.759.6811

APPLICANT HEALTH ASSESSMENT FORM

Name: ______________________________ Date: ______________

FAMILY HEALTH HISTORY:

Has a family member (parents, siblings, grandparents) had any of the conditions listed? Kindly check if has.

Diabetes	☐	Heart Disease	☐	High Blood Pressure	☐
Cancer	☐	Tuberculosis	☐	Others (Specify):	______

PERSONAL HEALTH HISTORY (Kindly check if has):

	Yes	**No**		**Yes**	**No**
Back Injuries	☐	☐	Mental Illness	☐	☐
Seizures, fainting, dizziness	☐	☐	Hernia	☐	☐
Any type of allergies	☐	☐	Diabetes	☐	☐
Tuberculosis	☐	☐	Headaches	☐	☐
Any type of Hepatitis, jaundice	☐	☐	Permanent defect from illness, disease, injury	☐	☐
Nervous disorder	☐	☐	Stomach, gall bladder trouble	☐	☐
Respiratory disease	☐	☐	Smoker (amount)	☐	☐
High Blood Pressure	☐	☐	Drink alcohol (amount)	☐	☐
Arthritis, gout, joint disease	☐	☐	Ever injured on the job	☐	☐
Cancer	☐	☐	Women-pregnant at this time	☐	☐
Heart Disease	☐	☐	Incapacitated by pain during period	☐	☐
Stomach Ulcer	☐	☐	Vision difficulty, eye disease	☐	☐
Rheumatic Fever	☐	☐	Ear, nose, throat trouble-sinus, colds	☐	☐
Hearing Difficulty	☐	☐	Receiving medical treatment at the present time or in time past 6 months	☐	☐
Kidney disease	☐	☐	None	☐	☐
			Others: ______		

Medication Allergies ______________________________

Medications Now Taking ______________________________

Childhood diseases:	Had	Immunized	Did not have, not immunized, appropriately instructed
Chicken pox	☐	☐	☐
Red Measles	☐	☐	☐
Mumps	☐	☐	☐
German Measles	☐	☐	☐

Would you say your present health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

I understand the nature and extent of the personal information to whose disclosure I grant consent and the nature of that disclosure, and I intend to be bound fully by my consent to disclosure as described in this document, in confirmation of which I do hereby sign this document in my own hand.

I also hereby certify that the facts contained in this application form are true and complete to the best of my knowledge.

____
PRINTED NAME & SIGNATURE OF APPLICANT

This document is provided for reference purposes only.