



MEGA-PRO

International Resources Inc.

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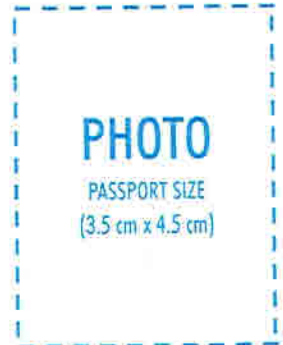
APPLICATION FORM

POEA - 004 - LB - 011112 - R

Rm. 810 & 811, 8th Flr. Philippine AXA Life Centre
Sen. Gil Puyat Ave. Cor. Tindalo St., Makati City, Philippines
Tel. +632 881 3352 | Tel. Fax: +632 888 6350

Date Applied: _____

| | | | |
|--------------------|------------|------------|------------|
| Job Applying For: | 1st CHOICE | 2nd CHOICE | 3rd CHOICE |
| Area of Specialty: | | | |



PERSONAL INFORMATION

| | | | |
|---------------------|-----------------|---------------|------------------|
| Name: | Last Name | Given Name | Middle Name |
| City Address: | | | |
| Provincial Address: | | | |
| Landline No.: | Mobile No.: | Email: | |
| Birth Date: | Place of Birth: | Age: | |
| Gender: | Religion: | Nationality: | Civil Status: |
| Height: | Weight: | Passport No.: | PRC License No.: |
| Name of Spouse: | Last Name | Given Name | Middle Name |
| | | | Birth Date: |

EDUCATIONAL BACKGROUND

| Name of School | Year Attended | Course Taken |
|-------------------------------|---------------|---------------|
| High School: | | |
| College: | | |
| Technical/Vocational: | | |
| Trainings / Seminars Attended | | Year Attended |
| | | |

EMPLOYMENT BACKGROUND

| | |
|-------------------------------|------------------|
| Are you currently employed: | |
| Name of Company/Organization: | |
| Position: | Employment Date: |

| | |
|-------------------------|---------------------|
| Job Description: | |
| Contact Person: | Designation: |

PREVIOUS EMPLOYMENT

| | |
|--------------------------------------|-----------------------------------|
| Name of Company/Organization: | |
| Position: | Employment Date (From-To): |
| Job Description: | |
| Reason for leaving: | |
| Contact Person: | Designation: |

OTHER INFORMATION

| | | | | |
|-----------------------|-------------------|------------|---------------------|-------------------|
| Father's Name: | Last Name | Given Name | Middle Name | Birth Date |
| Mother's Name: | Last Name | Given Name | Middle Name | Birth Date |
| | Dependents | | Relationship | Birth Date |
| | (Last Name | Given Name | Middle Name) | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

CONTACT REFERENCE

| Name | Name of Company | Position | Contact Number |
|-------------|------------------------|-----------------|-----------------------|
| | | | |
| | | | |
| | | | |

I hereby acknowledged that all the information I stated above are true and accurate. Any falsification of date and information that I have stated, I will hold accountable for.

| | |
|--|-------------------|
| <hr/> Signature over Printed Name | <hr/> Date |
|--|-------------------|