



Unit 12, Bldg 1 , Salem Int'l. Commercial Center, Domestic Road Pasay City
Tel No. 854-5032/854-5346 * Telefax: 854-5035
Website www.brinell.com.ph

IMPORTANT Please answer each question completely. Type or print in dark ink.

All relevant information should be included on this form but if necessary additional pages may be

PERSONAL HISTORY

Applying As					
Name (surname)	First/Other names			Middle Name	
Present Nationality	Date of Birth	dd	mm	yr	Place and country of birth
Present Address		Present Address			
Permanent Address		Permanent Address			
Telephone No.		Mobile No.		Email	
Sex	Religion	Height		Weight	Marital Status
Where did you learn about Brinell International Partners, Inc.? <input type="checkbox"/> Ads <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Word of mouth <input type="checkbox"/> Others _____					
Do you know any employee of Brinell International Partners, Inc.? If yes, Who?					
If your application is accepted, when can you start?					
If married name of spouse and any dependents					
Name		Date of Birth		Relationship	

EDUCATIONAL ATTAINMENT

EDUCATION Give full details in chronological order. Give exact name of the institution and title of degrees/certificates in the original language. Include courses and post graduate studies in your professional or related field.

From Month/Year	To Month/Year	Institution/Place	Course/Degree

EMPLOYMENT RECORD

EMPLOYMENT Starting with your present or most recent post, list in reverse order positions held. Attach additional pages if necessary.

From	To	Exact title of your job	
Name and address of employer		Name and Title of Supervisor	
Description of your duties, tasks and responsibilities			

From	To	Exact title of your job	
Name and address of employer		Name and Title of Supervisor	
Description of your duties, tasks and responsibilities			

I certify that the statements made by me on this form are true, complete and correct. I understand that any false statement or required information withheld may provide grounds for the withdrawal of any offer of appointment of the cancellation of any contract of employment with the Company.

I hereby authorize the company or its duly designated representative to inquire into and validate all information herein provided and further release Brinell International Partners, Inc. or its representative from any and all consequences or liabilities arising therefrom.

Date and place

Signature

Mailing address (if different from address as given on page 1)

From	To	Exact title of your job	
Name and address of employer		Name and Title of Supervisor	
Description of your duties, tasks and responsibilities			

From	To	Exact title of your job	
Name and address of employer		Name and Title of Supervisor	
Description of your duties, tasks and responsibilities			

From	To	Exact title of your job	
Name and address of employer		Name and Title of Supervisor	
Description of your duties, tasks and responsibilities			

From	To	Exact title of your job	
Name and address of employer		Name and Title of Supervisor	
Description of your duties, tasks and responsibilities			