

International Staffing Organization, Inc.

POEA License No.: 073-LB-093009-UL

5F Flr. PDCP Bank Centre Leviste St. corner Rufino St. Brgy. Bel-Air, Salcedo Village Makati City
Telefax No.: (02) 812 1129 Email: myresume@teamiso.com

Position Applied: _____	Photo
Name: _____	

EDUCATION			
	Master's	Bachelor's	Others (Bachelor's, Associate, Certificates, etc.)
Educational Level:			
Course:			
School:			
Location:			
Date:			

TRAININGS/SEMINARS		
Date	Topic/Course Title	Place

Add additional pages when necessary

WORK EXPERIENCE (start from most recent)

1.	Position: _____	Duration: _____
	Company Name: _____	Location : _____
	Job Description: _____	

2.	Position: _____	Duration: _____
	Company Name: _____	Location : _____
	Job Description: _____	

3.	Position: _____	Duration: _____
	Company Name: _____	Location : _____
	Job Description: _____	

4. Position: _____ Duration: _____
 Company Name: _____ Location : _____
 Job Description: _____

5. Position: _____ Duration: _____
 Company Name: _____ Location : _____
 Job Description: _____

WORK REFERENCES			
NAME	ADDRES & TELEPHONE NUMBER	RELATIONSHIP TO YOU	OCCUPATION

LEGAL HISTORY (Check yes if applicable and no if not, use additional sheets if necessary)		
	YES	NO
Have you ever been formally charged? (If yes please give details)		
Have you ever been guilty of any administrative offense? (If yes please give details)		
Have you ever been convicted of any crime or violation of any law, decree or ordinance or regulation by any court or tribunal?		
Have you been refused a visa travel to countries outside the Philippines?		
Have you been refused admission or ordered to leave a foreign country?		

Medical HISTORY		
	YES	NO
Have you been treated for any serious physical or mental disorders or any communicable or chronic diseases?		
Are you presently taking medication (s)? If so, please set out each medication and the purpose for taking same below.		

I hereby confirm the truthfulness of the information I have mentioned herewith and that I am totally aware and acknowledge my full responsibility on the consequences that may resulted on any false information found herein.

 Signature of Applicant

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PERSONAL DATA of _____

Age: _____ Date of Birth: _____ Gender: _____
Civil Status: _____ Height: (cm) / Ft. _____ Weight: (kg) _____
Nationality: _____ Religion: _____
Current Address: _____
Permanent Address: _____
Phone: Home: _____ Others: _____
Mobile: _____
Email Add: _____

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Signature of Applicant