



GOD'S WILL INTERNATIONAL PLACEMENT, INC.

(Data Encoding Form : Professional Workers)

Please fill up the following with black ball pen. (PLEASE PRINT IN BLOCK LETTERS)

DATE :

MODE OF REFERENCE (please put a check-mark where applicable)

DIRECT HIRE GWIP HIRE PRINCIPAL'S INDIRECT HIRE Referred By / Principal :

PERSONAL

JOB APPLIED FOR :

Last Name (Surname) :

First Name : Middle Initial :

Main Address (City Address) :

.....

Alternate Address (Provincial) :

.....

Telephone : Civil Status :
(Single, Married, Widowed)

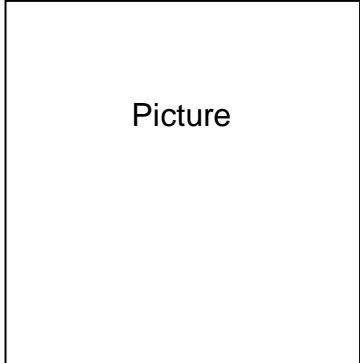
Cell Phone : Birth Date :
(Month, Day, Year)

Height : Weight :

Religion : Highest Educational Attainment :
(College, High School etc...)

Course Taken : Sex : Experience :
(M for Male, F for Female) (Ex-Saudi, Ex-Taiwan, Ex-Japan etc...)

Hobbies and Other skills : E-Mail :



EDUCATION

	Name of School	Year (From – To)	Degree / Course
▶ University :
Location :
▶ College :
Location :
▶ High School :
Location :
▶ Elementary School :
Location :
▶ Technical School :
▶ Trainings :

PROFESSIONAL QUALIFICATIONS (Also state any memberships in professional associations or special projects)

	Name of Professional Institution	Award / Certification	Date Awarded (Month / Year)
1.
2.
3.
4.
5.

SEMINARS or WORKSHOPS ATTENDED

Seminar / Workshop	Period / Year Attended
1. -----	-----
2. -----	-----
3. -----	-----
4. -----	-----
5. -----	-----

EMPLOYMENT BACKGROUND

Company / Employer's Name	Job Position	Country	Year (From – To)
1. -----	-----	-----	-----
2. -----	-----	-----	-----
3. -----	-----	-----	-----
4. -----	-----	-----	-----
5. -----	-----	-----	-----
6. -----	-----	-----	-----

JOB DESCRIPTION FOR JOB POSITIONS STATED ABOVE

Job Description 1.: -----

Job Description 2.: -----

Job Description 3.: -----

Job Description 4.: -----

Job Description 5.: -----

Job Description 6.: -----

AWARDS RECEIVED

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

LICENSES

	Number	Date Issued	Expiration Date
▶ PRC License :			
▶ SSS / GSIS :			
▶ Driver's License :			
▶ Passport :			

▶ Passport's Place of Issue :

CERTIFICATES

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

REFERREES

1. Name : _____ Telephone : _____
Address : _____
2. Name : _____ Telephone : _____
Address : _____

Submitted Requirements : _____

APPLICANT'S FAMILY

How Many Children? : -----
Child or Children's Ages : -----
Spouse's Name : -----
Spouse's Occupation : -----
Spouse's Birth Date : -----
Father's Name : ----- Father's Occupation : -----
Mother's Name : ----- Mother's Occupation : -----
Parents' Address : -----
Parents' Telephone : ----- Parents' Cell phone : -----

NEXT OF KIN

Name : ----- Relationship to Applicant : -----
Address : -----
Telephone : ----- E-Mail : -----

BENEFICIARIES

1. Name : ----- Relationship to Applicant : -----
Address : ----- Telephone : -----
2. Name : ----- Relationship to Applicant : -----
Address : ----- Telephone : -----
3. Name : ----- Relationship to Applicant : -----
Address : ----- Telephone : -----

DECLARATION:

I hereby state that the information given above is true and correct to the best of my knowledge. I furthermore state that GOD'S WILL INTERNATIONAL PLACEMENT, INC. should not be held responsible for any unfortunate events arising from any false information given above. I also commit myself to abide by and comply with all of the provisions of the placement contract that I will execute with GOD'S WILL INTERNATIONAL PLACEMENT, Inc. and the Employment contract that I will execute and sign with my foreign employer until its completion. I also authorized God's Will International Placement, Inc and my foreign employer to bring the case to the proper court and authorities on the jobsite and at the National Capital Region of the Philippines should I fail to fulfill and comply with the provisions of my placement and Employment contract.

Date

Applicant's Signature
(Sign Over Full Name)

TO BE FILLED BY GOD'S WILL INTERNATIONAL STAFF ONLY

MODE OF SUBMISSION : <input type="checkbox"/> Personally <input type="checkbox"/> By Mail (Express) <input type="checkbox"/> By E-Mail			
	Name	Date	Signature
Received By:			
Checked By:			
Encoded By:			
Recorded By:			
Approved By:			