



PERSONAL INFORMATION SHEET

INSTRUCTIONS

1. Print all informations clearly and use black or blue pen only.
2. Please do not leave any blank space. Please indicate N/A if not applicable.

Position Applied For:	1.	2.	3.
Recruitment Source:	<input type="checkbox"/> Newspaper Ads _____	<input type="checkbox"/> Job Fair Venue _____	<input type="checkbox"/> Online: _____
	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Referred by:	
PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Nickname
Birthdate (Mo./Day/Year)	Age	Place of Birth	Gender
Nationality	Religion	Height	Weight
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Number of Dependents
	<input type="checkbox"/> With Live-in partner	<input type="checkbox"/> Widow / Widower	
	<input type="checkbox"/> Legally Separated	PWD <input type="checkbox"/> Yes <input type="checkbox"/> No	Impairment: _____
Residence Type	Present Address		
<input type="checkbox"/> Family Owned <input type="checkbox"/> Personally Owned <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Staying with Relatives <input type="checkbox"/> Others _____	Provincial Address		
	Contact Numbers	Email Address	
	Home:	TIN	
	Office:	SSS Number	
	Mobile Phone Number:	Pag-ibig Number	
		Philhealth Number	
EDUCATIONAL BACKGROUND			
High School	Name of School:	Year Attended:	
	Course / Degree:	Honors Received:	
	Address:		
College	Name of School:	Year Attended:	
	Course / Degree:	Honors Received:	
	Address:		
Graduate Studies/Others	Name of School:	Year Attended:	
	Course / Degree:	Honors Received:	
	Address:		
FAMILY INFORMATION			
Father	Last Name	First Name	Middle Name
	Educational Attainment		
	Occupation		
	Name of Company/Contact Numbers		
Mother	Maiden Last Name	Maiden First Name	Maiden Middle Name
	Educational Attainment		
	Occupation		
	Name of Company/Contact Numbers		
Spouse	Maiden Last Name	Maiden First Name	Maiden Middle Name
	Educational Attainment		
	Occupation		
	Name of Company/Contact Numbers		

Name of Children <small>Last Name, First name Middle Name</small>		Gender	Date of Birth	Civil Status	Educational Attainment
Name of Brothers and Sisters <small>Last Name, First name Middle Name</small>		Date of Birth	Civil Status	Name of Spouse	Educational Attainment
EMPLOYMENT HISTORY - Please Indicate from Most Recent to Previous Employment. Please use additional sheet/s if necessary.					
(1) Name of Company		Complete Address			
Nature of Business		Office Phone Number			
Current Position / Rank		Name of Immediate Supervisor			
Employment Date/s		Salary Rate		Reason for Leaving	
<small>From (Month/Year)</small>	<small>To (Month / Year)</small>				
Job Summary / Responsibilities					
(2) Name of Company		Complete Address			
Nature of Business		Office Phone Number			
Current Position / Rank		Name of Immediate Supervisor			
Employment Date/s		Salary Rate		Reason for Leaving	
<small>From (Month/Year)</small>	<small>To (Month / Year)</small>				
Job Summary / Responsibilities					
(3) Name of Company		Complete Address			
Nature of Business		Office Phone Number			
Current Position / Rank		Name of Immediate Supervisor			
Employment Date/s		Salary Rate		Reason for Leaving	
<small>From (Month/Year)</small>	<small>To (Month / Year)</small>				
Job Summary / Responsibilities					
OTHER RELEVANT INFORMATION - Please use additional sheet/s if necessary					
Name of Organization		Position/s Held		Inclusive Years	
Government/Professional Licenses Obtained		Rating and Year Passed		License Number	
Languages/Dialects		Written		Spoken	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Work Related Skills - Please check the applicable skills				
<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Powerpoint	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Programming
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Photocopying Machine	<input type="checkbox"/> Electric Typewriter	<input type="checkbox"/> Equipment Operator _____	<input type="checkbox"/> Others _____
CHARACTER REFERENCES				
These are persons who know you personally such as former teachers, former supervisors, close friends, neighbors, etc. Do not list names of government/school officials or parish if they have no close or direct relationship with you.				
NAME	COMPLETE ADDRESS	CONTACT NUMBER/S	YEARS KNOWN	RELATION
1. Have you ever been involved in any administrative, civil or criminal case? If yes, please provide specific details.				
2. Have you ever been terminated or been asked to submit your voluntary resignation from any employment? If yes, please provide specific details.				
3. Have you ever been a union member? Officer? If yes, when? Company?				
4. Do you have any relatives in any company engaged in almost the same business as TOYOTA? If yes, please give the following information:				
Name	Position	Company	Relationship	
5. Do you have any relatives working with TOYOTA or any of it's subsidiaries? If yes, please give the following information:				
Name	Position	Company	Relationship	
6. Do you know how to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please check the appropriate information:				
Driving qualifications: <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Manual Transmission <input type="checkbox"/> Both				
Type of License: <input type="checkbox"/> Non-Professional <input type="checkbox"/> Professional Restriction no.:				
7. Have you been hospitalized ? If yes, please specify illness, name of Hospital, and attending physician.				
8. Are you taking any Maintenance Medications ? If yes, please specify name of medicines and for what purpose.				

I hereby affirm that the foregoing data / information are true and correct to the best of my knowledge. In consideration of my employment application, I hereby authorize Toyota Taytay Rizal, Inc. to verify any of the foregoing data / information from whatever sources relating to my background which shall include but not limited to my lifestyle, neighborhood, schools, corporation / companies, and government agencies. If it shall be found that I have provided false or misleading information, failed to disclose relevant information or if derogatory findings are discovered, I agree that such shall be considered cause for the termination of my employment.

I agree to submit to any medical or physical examination by the company's authorized physician and accomplish and submit all documents / requirements of the company as pre-requisites to my employment with Toyota Taytay Rizal, Inc.

In the event of hiring, I agree to comply with all orders, rules and regulations of the company, particularly those concerning changes in work assignment, changes in work schedule, acceptance of provincial assignments and serving of a one (1) month notice of resignation. I likewise agree not to engage in any business or secondary employment of any nature with any external company/institution, whether on full-time or part-time basis without written approval of the company. I agree, during or after my employment with the company, not to disclose confidential information, all records and documents of the company, and all information pertaining to its business affairs or that of it's subsidiaries and affiliates, to any person, firm, corporation, association or other entity without prior written consent of the company.

Upon termination of my employment for whatever cause or causes, I hereby authorize the company to deliver, in confidence, upon request of any prospective employer, my complete employment records.

 APPLICANT'S SIGNATURE OVER PRINTED NAME

 DATE

SKETCH OF RESIDENCE- Please sketch a MAP of your residence. Please include significant landmarks. Please use additional sheet if necessary.

A large, empty rectangular box with a thin black border, intended for a hand-drawn map of a residence. The box occupies most of the page below the header.