



EMPLOYEE INFORMATION FORM

ERGCVMC Human Resource Department

I. Personal Information

Employee's Full Name			
Last Name	First Name	Middle Initial	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion	
Place of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Nationality	Former Family Name(s)/Maiden Name		
Permanent Address			
.....			
<input type="checkbox"/> Please check if present address is same with permanent address. If not, please provide present address below.			
Present Address			
.....			
Mobile Number	Home Phone Number	Email Address	
Social Security Number (SSS)	Tax Identification Number (TIN)		
Other Identification (ID)		Other Identification (ID)	
ID Type	ID Number	Expiration	ID Type
			ID Number
			Expiration

II. Family Information

Spouse's Full Name (Husband's/Wife's Name)			Date of Birth
Last Name	First Name	Middle Initial	
Spouse's Nationality	Spouse's Former Family Name(s)/Maiden Name		
<input type="checkbox"/> Please check if spouse's present address is same with present address. If not, please provide present address below.			
Present Address			
.....			
Dependent's(s) Full Name (Son's/s' and/or Daughter's/s' Name)			
1	Last Name	First Name	Middle Initial
			Date of Birth
2	Last Name	First Name	Middle Initial
			Date of Birth
3	Last Name	First Name	Middle Initial
			Date of Birth
4	Last Name	First Name	Middle Initial
			Date of Birth
5	Last Name	First Name	Middle Initial
			Date of Birth
6	Last Name	First Name	Middle Initial
			Date of Birth
<input type="checkbox"/> Please request for additional information sheet (appendix a) if dependents are more than the space provided above. Please check or mark the box if applicable. See Appendix A for additional information/s.			
Father's Full Name			Date of Birth
Last Name	First Name	Middle Initial	
Mother's Full Name			Date of Birth
Last Name	First Name	Middle Initial	

III. Educational Information			
Highest Educational Attainment (Please check only one)			
<input type="checkbox"/> Highschool Graduate	<input type="checkbox"/> College / University Graduate /Bachelor's Degree Holder	<input type="checkbox"/> Master's Degree Holder	<input type="checkbox"/> PhD Holder
Primary Education (Elementary)			
Name of School	Total Years Attended	From (Start Date)	To (End Date)
Address			
Secondary Education (Highschool)			
Name of School	Total Years Attended	From (Start Date)	To (End Date)
Address			
Undergraduate Education (College / University)			
Name of School	Total Years Attended	From (Start Date)	To (End Date)
Address			
Degree / Course Title		Did you receive a degree?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Postgraduate Education			
Name of School	Total Years Attended	From (Start Date)	To (End Date)
Address			
Degree / Course Title		Did you receive a degree?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Please request for additional information sheet/s (appendix a) if primary, secondary, undergraduate or postgraduate educations are more than the space provided above. Please check or mark the box if applicable. See Appendix A for additional information/s.			

IV. Trainings, Seminars Information					
1	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Title of Training or Seminar</td> <td style="width: 20%; padding: 5px;">Date(s)</td> </tr> <tr> <td style="padding: 5px;">Name of Provider, Facilitator or Training Center or Facility</td> <td style="padding: 5px;">Valid Thru</td> </tr> </table>	Title of Training or Seminar	Date(s)	Name of Provider, Facilitator or Training Center or Facility	Valid Thru
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Name of Provider, Facilitator or Training Center or Facility	Valid Thru				
<input type="checkbox"/> Please request for additional information sheet/s (appendix a) if training/s or seminar/s information are more than the space provided above. Please check or mark the box if applicable. See Appendix A for additional information/s.					

V. Employment History		
<input type="checkbox"/> No previous employer.		
Please arrange in chronological order (most recent first).		
Employment History 1		
Employer / Company's Name	From (Start Date)	To (End Date)
Address	Position	
	Department	
Employment History 2		
Employer / Company's Name	From (Start Date)	To (End Date)
Address	Position	
	Department	
Employment History 3		
Employer / Company's Name	From (Start Date)	To (End Date)
Address	Position	
	Department	
Employment History 4		
Employer / Company's Name	From (Start Date)	To (End Date)
Address	Position	
	Department	
Employment History 5		
Employer / Company's Name	From (Start Date)	To (End Date)
Address	Position	
	Department	
Employment History 6		
Employer / Company's Name	From (Start Date)	To (End Date)
Address	Position	
	Department	
<input type="checkbox"/> Please request for additional information sheet/s (appendix b) if previous employers are more than the space provided above. Please check or mark the box if applicable. See Appendix B for additional information/s.		

VI. Emergency Contact Information		
<input type="checkbox"/> Please check or mark if primary person to contact is your spouse (husband/wife), otherwise please fill in the spaces below.		
Primary Person to Contact In Case of Emergency - Mandatory (Full Name)		Relationship
Address		
Mobile Number	Home Phone Number	Email Address
Secondary Person to Contact In Case of Emergency - Optional (Full Name)		Relationship
Address		
Mobile Number	Home Phone Number	Email Address



EMPLOYEE INFORMATION FORM

ERGCVMC Human Resource Department

VII. Personal Data Authorization

ERG Capital Ventures and Manufacturing Corporation recognizes its responsibilities in relation to the collection, holding, processing or use of personal data of its employees. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by ERG Capital Ventures and Manufacturing Corporation is accurate.

ERG Capital Ventures and Manufacturing Corporation will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

In accordance with the provisions I agree that:

All personal data relating to myself which has been supplied to ERG Capital Ventures and Manufacturing Corporation; and

All personal data relating to myself which may be supplied ERG Capital Ventures and Manufacturing Corporation from time to time may be collected, possessed and used by ERG Capital Ventures and Manufacturing Corporation, reasonably nominate for the purposes set out below.

I understand that the purposes for which such data may be used are administration, payroll and benefits administration, transfer and other career related matters, internal communication, other general employment matters and any related purposes.

I agree that ERG Capital Ventures and Manufacturing Corporation may hold and retain the data as long as may be necessary for their purposes after termination of my employment.

I agree to any such personal data being transferred to any office to ERG Capital Ventures and Manufacturing Corporation and/or any such agent or third party in connection with any of the above purposes.

I understand that, I have the right to request access to and (where necessary) correction of data held by ERG Capital Ventures and Manufacturing Corporation relating to myself and to be given reasons if such a request is refused. Such requests should be directed to the divisional HR Officer.

Employee's Full Name and Signature	Date
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VIII. Declaration

I hereby certify all of the statements made on the ERG Capital Ventures and Manufacturing Corporation employment information form are true and complete and I understand that omission or misrepresentation of fact may result in refusal of employment or immediate dismissal. I recognize that in connection with employment with ERG Capital Ventures and Manufacturing Corporation, I may be the subject of investigation ordered by ERG Capital Ventures and Manufacturing Corporation, and I hereby authorize the same. I recognize that, upon written request to ERG Capital Ventures and Manufacturing Corporation, I have the right to be informed whether such a report has been ordered and if so, the name and address of the reporting agency and a complete and accurate disclosure of the nature and scope of the investigation requested.

I understand that my employment with ERG Capital Ventures and Manufacturing Corporation may be terminated subject to the grounds and notice periods outlined in the Employee Handbook and as provided for under the applicable law. I also understand that ERG Capital Ventures and Manufacturing Corporation will, from time to time, establish rules, regulations, policies, and employee benefits ("Policies") governing my employment and that these are accessible in the Employee Handbook I further understand that the Policies, which are currently in effect or may be established, may be changed from time to time at the sole discretion of ERG Capital Ventures and Manufacturing Corporation and I agree that my continued employment with ERG Capital Ventures and Manufacturing Corporation constitutes my consent to any such changes. I also understand that no employee or representative of ERG Capital Ventures and Manufacturing Corporation has any authority to enter into any agreement contrary to the foregoing, unless such agreement is in writing and signed by a Principal of ERG Capital Ventures and Manufacturing Corporation .

I understand that all employees must meet ERG Capital Ventures and Manufacturing Corporation employment standards which, pursuant to the applicable regulations, include eligibility to be covered under the Firm's security bond and, in all cases, conducting background investigations and the processing of fingerprints through the appropriate regulatory authorities.

Employee's Full Name and Signature	Date
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