EMPLOYEE APPLICATION FORM

PREMIERE MEDICAL AND CARDIOVASCULAR LABORATORY INC.

PERSONAL DETAILS

Last Name:	BALINO	Date:	06-29-24
First Name:	MARY ROSE	Position applied for:	ACCOUNTING ASSISTANT
Middle Name:	BENOMAN	Expected Salary	14-15k
Nick Name:	ROSEY		

CONTACT DETAILS

Mobile No.	9569971066
Home No.	1283
E-mail Address	balinomaryrose0@gmail.com
Present Address:	San Roque San Rafael Bulacan
Permanent Address:	San Roque San Rafael Bulacan

PERSONAL INFORMATION

Birth Date:	04-16-01	Social Security No. (SSS):	35-2656254-0
Age:	23	Tax Identification No. (TIN):	632-085-858-00000
Gender:	FEMALE	Phil-Health No.:	21-025918206-3
Civil Status:	SINGLE	Pag-Ibig No.: (HDMF)	121323529056
Religion:	BORN AGAIN CHRISTIAN	PRC License No.:	

DEPENDENT DETAILS

NAME OF DEPENDENTS	GENDER	RELATIONSHIP	DATE OF BIRTH	AGE
GENEROSO BALINO	MALE	FATHER	12-18-60	63
MERELYN BALINO	FEMALE	MOTHER	09-20-69	54
MARK ANTHONY BALINO	MALE	BROTHER	08-03-1997	26

EDUCATION AND TRAINING/S

	School Name and Location	Dates Attended		Graduated		Degree/ Diploma	Achievements
		From	To	Yes	No		
Post Graduate							
College	BULACAN STATE UNIVERSITY	2019	2023	☑		BS IN ENTREPRENEURSHIP	DEANS LISTER, CUM LAUDE
Senior High School	CARLOS F. GONZALES HIGH SCHOOL	2017	2019	☑		ABM TRACK	WITH HONORS, NCIII PASSSER
High School	CARLOS F. GONZALES HIGH SCHOOL	2012	2017	☑			
Elementary	SAN ROQUE ELEMENTARY SCHOOL	2006	2012	☑			WITH HONORS
Trainings/ Seminars							
Others							

EMPLOYMENT HISTORY

NAME OF EMPLOYER	DATE OF EMPLOYMENT from	to	POSITION TITLE	REASON OF RESIGNATION	Salary
NICEN PLUS ENTERPRISES INC.	2023	2024	ACCOUNTING STAFF	END OF CONTRACT	14000.00

EMPLOYMENT CHECK

1. Did you sign a non-competent agreement with your current/previous employer? YES ☐ NO ☑

2. Have you ever worked for Premiere before? YES ☐ NO ☑

If yes, indicate name, location, date, duration.

References (Last 3 Employers):

Company Name	NICEN PLUS ENTERPRISES INC.	Address	n/a
Immediate Manager	PRINCESS DE SOTTO	Contact no.	n/a
Department/Position	MANAGER	Email Address	n/a
Company Name		Address	
Immediate Manager		Contact no.	
Department/Position		Email Address	
Company Name		Address	
Immediate Manager		Contact no.	
Department/Position		Email Address	

Please read the following statements carefully; they constitute the conditions under which you might the employed by PMCL

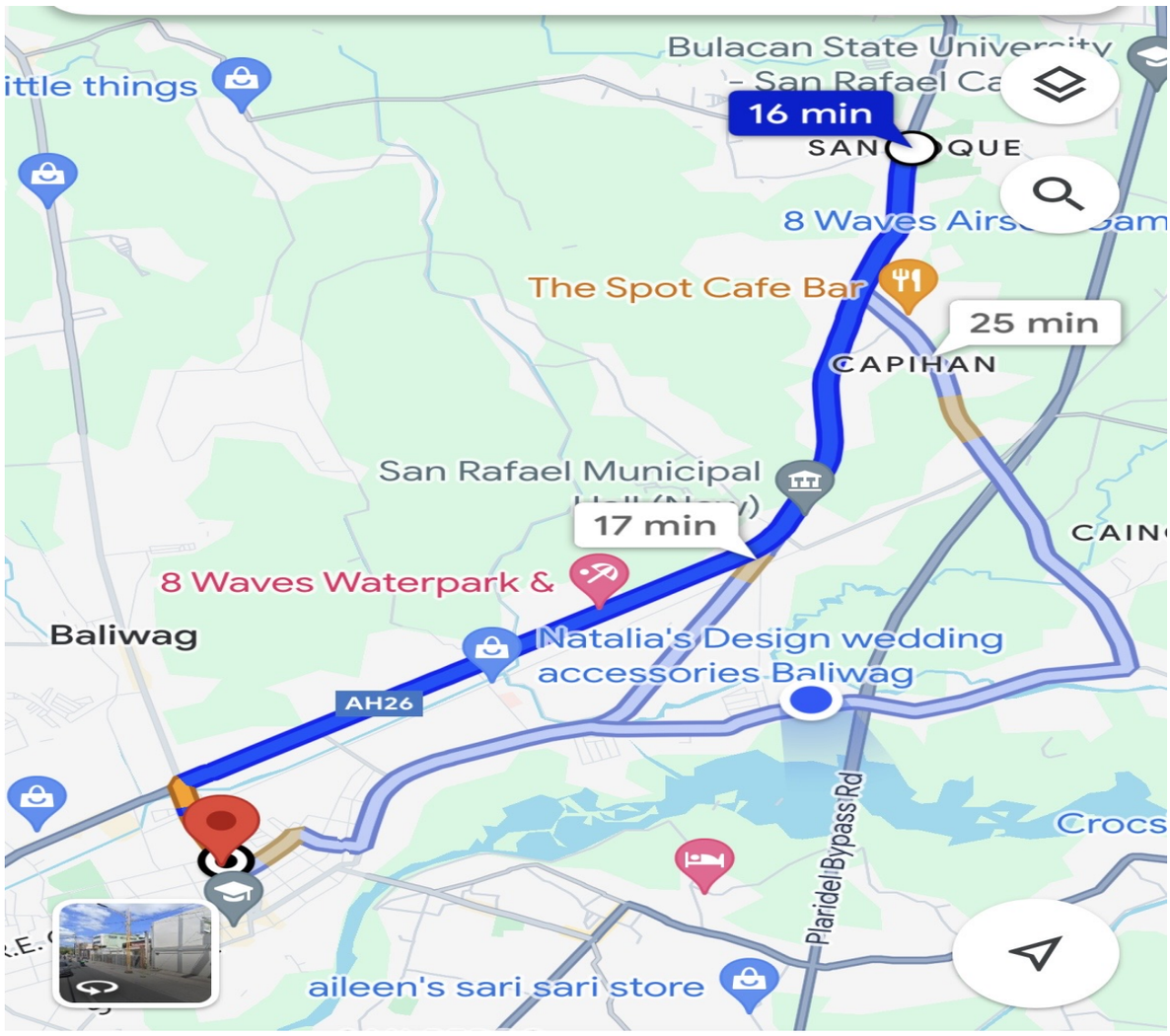
The information that I have provided on this application is accurate to the best of my knowledge and subject for validation by PMCL.

I authorized the persons, schools, current employer (if approved by me in the Employment Experience Section) and other organization or employees named in this application to provide PMCL with any relevant information that may be required to arrive at an employment decision.

I understand that if I accept an offer of employment and any of the above information is found to be incorrect or any materials facts have been omitted, my employment may be terminated forthwith without notice or pay in lieu of notice.

Signed_____ Date 06-29-24

This is an official PMCL document. All information submitted are treated confidential.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accessories Baliwag
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