



**APPLICATION INFORMATION DATA**

**Data Protection Policy**

IT IS THE POLICY OF THE COMPANY TO COMPLY WITH THE REQUIREMENTS OF THE DATA PRIVACY ACT. AS SUCH, WE WOULD LIKE TO SECURE YOUR CONSENT ON THE GENERAL USE AND IF CRITICALLY NEEDED, SHARING OF INFORMATION OBTAINED FROM YOU IN THE COURSE OF YOUR APPLICATION WITH TORRENT PHARMA PHILIPPINES INC. (TPPI). THESE DATA, WHICH WILL INCLUDE YOUR PERSONAL OR SENSITIVE PERSONAL INFORMATION, ARE INFORMATION PERTAINING TO YOUR ADDRESSES, PICTURE, RACIAL OR ETHNIC ORIGIN, MARITAL STATUS, RELIGIOUS, EDUCATION, HEALTH, AS WELL AS DATA ISSUED BY GOVERNMENT AGENCIES SPECIFIC TO YOUR IDENTITY (E.G., SSS, LICENSES, HEALTH RECORDS, TAX INFORMATION).

THE COMPANY SHALL KEEP THE DATA THROUGHOUT THE TERM OF YOUR APPLICATION IN TPPI, AND IF SUCCESSFULLY HIRED, WILL MAINTAIN THE SAME FOR AT LEAST A PERIOD OF 5 YEARS THEREAFTER, OR UP TO THE TIME REQUIRED BY LAW. HOWEVER, IF YOU FAILED TO MEET OUR HIRING STANDARDS, THESE DATA WILL BE DISPOSED ACCORDINGLY WITHIN SIX-MONTH PERIOD.

BY SIGNING THIS DOCUMENT BELOW, YOU CONFIRM THAT YOU FREELY AND VOLUNTARILY GIVE CONSENT TO THE PROCESSING OF SUCH DATA CONTAINED IN THIS EMPLOYEE SHEET.

**PERSONAL INFORMATION:**

**Information provided should be accurate and clearly printed. Please follow the MM/DD/YY format for dates.**

Name: \_\_\_\_\_  
Last Name First Name Middle Name

POSITIONED APPLIED: \_\_\_\_\_ Nickname: \_\_\_\_\_

SOURCE OF EMPLOYMENT  JOBSTREET  HEADHUNTER  
INFO:  REFERRAL (Referred by:) \_\_\_\_\_

SSS NO: \_\_\_\_\_ PHILHEALTH NO: \_\_\_\_\_ TIN: \_\_\_\_\_

HDMF/PagIbig No: \_\_\_\_\_ EMAIL ADD: \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_

PRESENT ADDRESS : \_\_\_\_\_

HOME TEL. NO: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

WEIGHT IN KGS: \_\_\_\_\_ HEIGHT IN FT/INCHES: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ GENDER: \_\_\_\_\_

CIVIL STATUS: \_\_\_\_\_ DATE MARRIED: \_\_\_\_\_

**EMPLOYMENT RECORD:**

<i>NAME OF EMPLOYER/ ADDRESS</i>	<i>INCLUSIVE DATES of EMPLOYMENT (MM/DD/YY)</i>	<i>POSITION TITLE</i>	<i>IMMEDIATE MANAGER/ CONTACT NOS.</i>	<i>BASIC SALARY / ALLOWANCES</i>
1.	From: _____			Starting Salary:
	To: _____			Last Salary:
REASON FOR LEAVING:		BRIEF JOB DESCRIPTION:		
2	From: _____			Starting Salary:
	To: _____			Last Salary:
REASON FOR LEAVING:		BRIEF JOB DESCRIPTION:		
3	From: _____			Starting Salary:
	To: _____			Last Salary:
REASON FOR LEAVING:		BRIEF JOB DESCRIPTION:		
4	From: _____			Starting Salary:
	To: _____			Last Salary:
REASON FOR LEAVING:		BRIEF JOB DESCRIPTION:		

**TRAININGS/WORKSHOP ATTENDED:**

TITLE	DATE	CONDUCTED BY	SPONSORED BY

**FAMILY MEMBERS:**

Please list information on your parents, siblings, spouse & children. Provide Maiden name of wife, if applicable.

COMPLETE NAME (First/Middle/Last)	RELATIONSHIP	BIRTHDATE (MM/DD/YYYY)	Profession/ Occupation / Employer	CONTACT DETAILS
1				
2				
3				
4				
5				
6				
7				
8				

**EDUCATION:**

SCHOOL	YEAR GRADUATED	COURSE	AWARDS

**REFERENCES:**

**Please list three references other than relatives or previous employers.**

NAME	ADDRESS	BUSINESS/OCCUPATION	Contact Details/Number
1			
2			
3			

**PERSON TO CONTACT INCASE OF EMERGENCY**

CONTACT Nos. : \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Do you have pending bank/ government loans (SSS, PagIbig, Etc) Yes \_\_\_ No\_\_\_ Others \_\_\_\_\_

Please specify details of loan/s: \_\_\_\_\_

Do you have criminal or any court cases \_\_\_Yes \_\_\_ No Details: \_\_\_\_\_

Do you drive? \_\_\_ Own car? \_\_\_ Expiry date of Driver's License \_\_\_\_\_

**RELATIVES EMPLOYED IN TORRENT PHARMA PHILS., INC. OR OTHER PHARMACEUTICAL**

NAME	COMPANY	CONTACT DETAILS	RELATIONSHIP

**Conflict of Interest and Use of Confidential Information**

IT IS THE POLICY OF THE COMPANY THAT AS A CONDITION OF EMPLOYMENT, EMPLOYEES ARE REQUIRED TO OBSERVE ALL POLICIES CONCERNING CONFLICT OF INTEREST AND NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

**I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE, CORRECT AND COMPLETE. I AUTHORIZE TORRENT PHARMA AND ITS REPRESENTATIVES TO VERIFY / VALIDATE ALL INFORMATION PROVIDED. I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION/MISDECLARATION MADE IN THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING OR FOR IMMEDIATE TERMINATION/ SEPARATION OF EMPLOYMENT AT ANY POINT IN THE FUTURE.**

\_\_\_\_\_

PRINTED NAME/ SIGNATURE

\_\_\_\_\_

DATE

