

PHILCOPY CORPORATION

APPLICATION FORM

Page 2

REFERENCES: (THREE (3) PERSONS NOT FORMER EMPLOYER NOR RELATIVES)

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION/BUSINESS

Please state briefly why you should be considered for the position. _____

Sketch your house location here:

- Have you previously applied with us? YES NO
- Have you ever worked for PHILCOPY before for any position: YES NO
- Have you been charged or convicted for any crime before? YES NO
- Have you ever required medical treatment or counseling for drug or alcohol abuse? YES NO
- Have you ever had any pre-existing medical condition/illness? YES NO
- Are you related to anyone who was in the past or is presently connected with PHILCOPY or for a competitive organization? YES NO WHO? _____

- Where did you learn about PHILCOPY and its opportunities?
- Newspaper ad: _____
 - Search firm/agency: _____
 - Internet/web service: _____
 - friend/relative: _____
 - jobfair: _____
 - walk-in
 - others, specify: _____

- Are you willing to go on shift schedule? YES NO
- Are you willing to relocate? YES NO
- Are you willing to travel? YES NO
- How soon can you start working if hired? Immediate ___ weeks after notice

ACKNOWLEDGEMENT

I HEREBY CERTIFY THAT ALL THE ABOVE STATEMENTS ARE TRUE AND AUTHORIZE PHILCOPY CORPORATION TO GATHER SUCH ADDITIONAL INFORMATION OR VERIFY SUCH DETAILS AS MAY BE NECESSARY FOR PURPOSE OF CONSIDERING ME AN APPLICANT FOR EMPLOYMENT. I UNDERSTAND THAT ANY FALSE STATEMENT OR MISINTERPRETATION IN THIS APPLICATION SHALL BE GROUND FOR DISMISSAL IF DISCOVERED SUBSEQUENT TO EMPLOYMENT. IN THE EVENT OF MY EMPLOYMENT, I WILL FURNISH ALL NECESSARY PRE-EMPLOYMENT REQUIREMENTS, PER DIRECTIVE BY THE HR DEPARTMENT. I AGREE TO SUBMIT MYSELF, UPON REQUEST, FOR PHYSICAL AND MEDICAL EXAMINATION BY THE COMPANY PHYSICIAN.

 HRD Form 02 rev 03072018 DATE PRINTED NAME SIGNATURE