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e:applymsd@e-recruitment.com.ph w:www.lbsrecruitment.com.ph

CONTROL	NUMBER	

APPLIC Desition Applied		ON F	ORM							
Position Applied										
Your Desired Sa	lary									
How did you kno	w LBS Rec	ruitment	Solutions Corp.	?					2X2 Colored Pictu	
Do you have any	y pending ap	plication	from other Agency	y / Company	y? <b>•</b>				(Attach 4 copies	)
Do you have re-	entry visa to	Middle E	East countries?	O Yes C	) No					
if Yes Exp	oiration Date	:		Coun	try:					
Personal Info	rmation									
						<b>A</b>	Date Appl	ied		
Last N	ame		First Name	Middle Name			Religion	<u> </u>		
Highest Education	on <b>•</b>	1		Date of Birth	1		Place of E	Birth		
No. of Experience	ce Lo	cal	1	Abroad			Age	•		
Civil Status			No. of Children		Gender	$\bigcirc$ M $\bigcirc$ F	Weight (k	g) •	Heigh	t (cm)
Name of Father				Occupation	n		Date of Bi	rth		
Name of Mother				Occupation	n		Date of Bi	rth		
Name of Spouse	e 🕨			Occupation	n 🕨		Date of Bi	rth		
Contact Info	rmation									
Primary Address	S •						Home Pho	one		
					Postal C	ode	Mobile Ph	one		
Provincial Addre	ess 🕨						Provincial			
					Postal C	ode	Office Pho	one		
E-mail Address	•						Skype Ad	count		
Person to Co	ntact in C	ase of	<b>Urgent Messa</b>	ge						
Name							Relations	nip		
Address				Postal Code			Mobile Ph	one		
E-mail Address	/ Skype Acc	ount					Home Ph	one		
If Currently E	mployed						Γ			
Company		<b>•</b>					Postal Co	de		
Address		<b>)</b>					Mobile Ph			
Website / E-ma		<b>)</b>					Office Pho	one		
<b>Educational</b>	Attainme					Voor Ctortod	Voor	inished		
		Name o	f School	City/	Province	Year Started (YYYY)		YYY)	Degree /	Course
High School										
College Technical										
Vocational										
Post Graduate	•					•	•		•	
		Numb	er	Registrat	tion Date	Expiry Da	te	Place of	Issuance	Rating %
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Saudi Council H	lealth Specia	alist (for e	x-KSA)			•		•		







## **CONTROL NUMBER**

## **Work Experience (Present to Previous)**

	•									
Company Name		<b>,</b>			Agency	/ •				
Company Address		•			Date Jo	oined (MM/DD/	YYYY)	Date Left (MM/DD/YYYY)		
Number of Beds		Pat	ient Ratio			•		•		
Hospital Classifica	tion	·	 		Salary	•				
Position & Area of	Specialty	•	Reasor	n for Leaving						
Company Name		•	Agency	Agency						
Company Address		•			Date Jo	oined (MM/DD/	YYYY)	Date Left (MM/DD/YYYY)		
Number of Beds		Pat	ient Ratio			•		<b>V</b>		
Hospital Classifica	tion	•	,		Salary	•				
Position & Area of	Specialty	•			Reasor	n for Leaving	•			
Company Name		•			Agency	/				
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Number of Beds		Pat	ient Ratio			•		<b>V</b>		
Hospital Classifica	tion	•			Salary	•	·			
Position & Area of	Specialty	•			Reasor	n for Leaving	•			
Company Name		•	Agency	Agency						
Company Address		<b>&gt;</b>		Date Jo	Date Joined (MM/DD/YYYY)  Date Left (MM/DD/YYYY)					
Number of Beds		Pat			<u> </u>					
Hospital Classifica	tion	•			Salary	•				
Position & Area of	Specialty	•			Reasor	n for Leaving				
Other Informat	ion									
Special Skills										
Computer Application	on Software	e you can Operate	<b>)</b>							
		ents you can Operate	<b>&gt;</b>							
List of Language yo	u Speak									
Trainings & Semina	rs									
Basic Life Support /	Basic Car	diac Life Support 🕨 🤇	)Yes ○ No	Date Iss	ued	Date Expired				
Membership / Affilia	tion									
Number		Number	Date of Issued		Expiry D	ate	Place of Issuance			
Passport					<b>)</b>					
NBI Clearance No.					<b>)</b>	<u> </u>				
GSIS / SSS No.	<u> </u>		TIN			Philhealth	No.			
authentic; and (3) all of the information and documents of application; cancellation	ormation given e information a s I have given a / revocation of	and documents I will give in the	have submitted as of e future shall also be e or falsified, I know a	f this date are to true, correct, and accept that	rue and correct; (2) genuine and auther I can be subjected	ntic. In the event to disciplinary/lega	that this cert al action, suc ninistrative, o			
	ate						Sigr	nature of Applicant		

<sup>\*</sup> LBS RECRUITMENT SOLUTIONS CORPORATION APPLICATION FORM

I,

## Affidavit of Acknowledgement Of Official Advisory, Caution, Prohibition and Warning About Authorized Payment / Collection of Fees

S.S

Ι,	, of legal age, Filipino and residence at, after having been duly sworn for in accordance											
with law	hereby depose state and acknowledge that:											
1.	Prior to my application with LBS Recruitment Solutions Corporations, I did not pay any amount of money to any officer, director or employee thereof or to any other person for my purpose related to my application;											
2.	At the time of my application, I have been properly advised by LBS Recruitment Solutions Corporation that I should pay the fees allowed by existing rules and regulations only to the duly authorized officer or employee thereof;											
3.	I have been sufficiently cautioned by LBS Recruitment Solutions Corporation that it has not authorized any other person to collect or receive any amount in its behalf;											
4.	Moreover, I have been properly prohibited by LBS Recruitment Solutions Corporation from giving or paying any amount of money to any person not officially connected with it, for any purpose like loan, donation, assistance, processing fee, placement fee, medical fee, etc.;											
5.	Finally, I have been clearly warned by LBS Recruitment Solutions Corporation that, if I am found to have violated the above-cited prohibition, the same can be a ground for the rejection or denial of my application and the cancellation of my employment contract, OEC and visa and that the company shall not assume any responsibility for the refund of any money I gave or paid to any person not officially connected with the company.											
	FURTHER AFFIANT SAYETH NAUGHT.											
	IN WITNESS WHEREOF, I have hereunto set my hand this day of 20, at, Philippines.											
	Signature over Printed Name											
	SUBSCRIBED AND SWORN to before me, a Notary Public for and in this											
Page No. Book No	Notary Public 20											

## SINUMPAANG SALAYSAY

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			ay nag- ang						ns Coi	rporati	on ("LE	S") pa	ıra ma	ıkapa	agtrabaho sa
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