



PHARMA NUTRIA N.A., INC.



S.V. MORE PHARMA CORPORATION



PNSV ASIA CORPORATION

### S.V. More Group Corporate Center

#16 Scout Tuason cor. Roces Ave., Quezon City, Metro Manila, Philippines  
Telephone Nos.: 373-6240 \* 373-6242 \* 373-6591  
Fax Nos.: 371-1428 \* 375-1721 \* 371-1649

Recent Photo  
(2 x 2)

## PERSONNEL INFORMATION SHEET

Please complete all items either by inserting the correct information or ticking/circling the relevant item.

### I. PERSONAL CIRCUMSTANCES:

Position Applied for: \_\_\_\_\_

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Contact No. \_\_\_\_\_

Provincial/Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

In Case of Emergency Notify: (Indicate Name and Relationship)  
\_\_\_\_\_

Address and Contact No.:  
\_\_\_\_\_

### II. FAMILY:

Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_

- Single

Name and Ages of Children: \_\_\_\_\_

Name and Ages of Children: \_\_\_\_\_

- Married

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Dependents/Other Dependents: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Next of Kin (Parents/Siblings):

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. EDUCATION:**

| Schools Attended: | Principal Field of Study/Degree Earned: | Attended |       | Graduated |       | Honors/Awards Received: |
|-------------------|---|----------|-------|-----------|-------|-------------------------|
|                   |   | From     | To    | Yes       | No    |                         |
| _____             | _____                                   | _____    | _____ | _____     | _____ | _____                   |
| _____             | _____                                   | _____    | _____ | _____     | _____ | _____                   |
| _____             | _____                                   | _____    | _____ | _____     | _____ | _____                   |
| _____             | _____                                   | _____    | _____ | _____     | _____ | _____                   |

Professional license(s) held: \_\_\_\_\_ Describe any additional education you have received: \_\_\_\_\_  
\_\_\_\_\_

Are you presently devoting any time to special study? (Describe fully)  
\_\_\_\_\_  
\_\_\_\_\_

State special skills or machines you can operate:  
\_\_\_\_\_  
\_\_\_\_\_

**IV. MEDICAL HISTORY:**

1. Previous Illness/es:  
Year Findings / Diagnosis Status / Remarks  
\_\_\_\_\_  
\_\_\_\_\_

2. Last Medical Check-Up:  
When Where Findings / Diagnosis  
\_\_\_\_\_  
\_\_\_\_\_

3. History of Hospitalization/s and/or operation/s:  
When Where Findings / Diagnosis  
\_\_\_\_\_  
\_\_\_\_\_

4. State any ailment, illness or physical condition presently bothering you:  
\_\_\_\_\_  
\_\_\_\_\_

5. State medicine/s you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate illness/es you consider yourself more prone or vulnerable to:  
\_\_\_\_\_  
\_\_\_\_\_

**V. EMPLOYMENT HISTORY:**

| From: |       | To:   |       | Company Name and Address | Last Position | Salary |
|-------|-------|-------|-------|--------------------------|---------------|--------|
| Mo.   | Yr.   | Mo.   | Yr.   |                          |               |        |
| _____ | _____ | _____ | _____ | _____                    | _____         | _____  |
| _____ | _____ | _____ | _____ | _____                    | _____         | _____  |
| _____ | _____ | _____ | _____ | _____                    | _____         | _____  |
| _____ | _____ | _____ | _____ | _____                    | _____         | _____  |
| _____ | _____ | _____ | _____ | _____                    | _____         | _____  |

May we contact your present employer at this time?  
(Yes/No) \_\_\_\_\_

May we contact your previous employers? (Yes/No)  
If yes, which ones? \_\_\_\_\_

**VI. DETAILS OF EMPLOYMENT EXPERIENCE**

Following the form below, describe your work in each of the last three companies in which you have been employed. Start with the last or present company. Be complete. Be especially careful to give all details of work experiences during your employment. Please use additional sheets if necessary.

1.) Firm: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Give job titles and description of duties, responsibilities and accomplishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Firm: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Give job titles and description of duties, responsibilities and accomplishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) Firm: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Give job titles and description of duties, responsibilities and accomplishments:

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**VII. PREFERENCES AND RELATED MATTERS ABOUT THE COMPANY:**

What salary do you desire?

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Names of employees of this company with whom you are acquainted?

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What date could you begin work if employed by this company? \_\_\_\_\_

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Have you ever applied work with this Company before? (Yes/No) \_\_\_\_\_

Names of any relatives/in-laws in this Company's employ?

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Who referred you to this Company?

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Why are you applying for a position in this Company?

If employed by the Company, do you have marked preferences for a particular area? (Yes/No)  
If yes, area preferred and reasons:

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Second preference:

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**VIII. REFERENCES:**

Please list three references other than relatives or former employers. Mark with an asterisk those you do not wish us to contact at this time.

| Name: | Position | Company/Company Address | Contact No. |
|-------|----------|-------------------------|-------------|
|-------|----------|-------------------------|-------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

*I hereby certify that all information contained herein is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date