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## APPLICATION FOR EMPLOYMENT

|                             |                       |
|-----------------------------|-----------------------|
| <b>POSITION APPLIED FOR</b> |                       |
| FIRST CHOICE                | SECOND CHOICE         |
| SALARY EXPECTED             | LEAST SALARY EXPECTED |

|   |            |              |             |                     |                     |          |
|---|------------|--------------|-------------|---------------------|---------------------|----------|
| <b>PERSONAL BACKGROUND</b>  |            |              |             |                     |                     |          |
| SURNAME   |            | FIRST NAME   |             | MIDDLE              |                     | NICKNAME |
| PRESENT ADDRESS   |            |              |             |                     | TELEPHONE NO.       |          |
| PROVINCIAL ADDRESS  |            |              |             |                     | MOBILE PHONE NO.    |          |
| SEX   | AGE        | CIVIL STATUS | CITIZENSHIP | RELIGION            | TIN                 | SSS NO.  |
| BIRTHDATE   | BIRTHPLACE | HEIGHT       | WEIGHT      | PHILHEALTH NO.      | PAG-IBIG NO.        |          |
| IF MARRIED, SPOUSE'S NAME   |            |              |             | OCCUPATION/EMPLOYER |                     |          |
| FATHER'S NAME   |            |              |             | OCCUPATION/EMPLOYER |                     |          |
| MOTHER'S NAME   |            |              |             | OCCUPATION/EMPLOYER |                     |          |
| BROTHERS AND SISTERS (FROM OLDEST TO YOUNGEST)                                  | NAME/S     |              | AGE         | CIVIL STATUS        | OCCUPATION/EMPLOYER |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
| CHILDREN (FROM OLDEST TO YOUNGEST)<br><i>To be filled even if single parent</i> | NAME/S     |              | AGE         | CIVIL STATUS        | OCCUPATION/SCHOOL   |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |
|   |            |              |             |                     |                     |          |

|                              |         |   |                               |                            |
|------------------------------|---------|---|-------------------------------|----------------------------|
| <b>EDUCATION</b>             |         |   |                               |                            |
| SCHOOL                       | ADDRESS | DEGREE OR HIGHEST ATTAINMENT (if undergraduate) | INCLUSIVE DATES OF ATTENDANCE | HONORS/AWARDS/SCHOLARSHIPS |
| HIGH SCHOOL                  |         |   |                               |                            |
| VOCATIONAL                   |         |   |                               |                            |
| COLLEGE                      |         |   |                               |                            |
| GRADUATE STUDIES             |         |   |                               |                            |
| OTHER STUDIES                |         |   |                               |                            |
| EXAMINATION TAKEN / LICENSES |         |   | DATE TAKEN                    | RATING                     |
|                              |         |   |                               |                            |
| PROFESSIONAL AFFILIATIONS    |         |   |                               |                            |
|                              |         |   |                               |                            |

| <b>EMPLOYMENT HISTORY (FROM THE MOST RECENT)</b> |  |
|--|--|
| COMPANY  | POSITON(S) HELD (FROM MOST RECENT)                   |
| ADDRESS  |  |
| TELEPHONE NOS.                                   | IMMEDIATE SUPERIORS (FROM THE MOST RECENT)           |
| INCLUSIVE DATES OF EMPLOYMENT                    | LATEST COMPENSATION PACKAGE) SALARY, BENEFITS, ETC.) |
| REASON FOR LEAVING                               |  |
| BRIEF DESCRIPTION OF DUTIES                      |  |
|  |  |
|  |  |
| COMPANY  | POSITON(S) HELD (FROM MOST RECENT)                   |
| ADDRESS  |  |
| TELEPHONE NOS.                                   | IMMEDIATE SUPERIORS (FROM THE MOST RECENT)           |
| INCLUSIVE DATES OF EMPLOYMENT                    | LATEST COMPENSATION PACKAGE) SALARY, BENEFITS, ETC.) |
| REASON FOR LEAVING                               |  |
| BRIEF DESCRIPTION OF DUTIES                      |  |
|  |  |
|  |  |
| COMPANY  | POSITON(S) HELD (FROM MOST RECENT)                   |
| ADDRESS  |  |
| TELEPHONE NOS.                                   | IMMEDIATE SUPERIORS (FROM THE MOST RECENT)           |
| INCLUSIVE DATES OF EMPLOYMENT                    | LATEST COMPENSATION PACKAGE) SALARY, BENEFITS, ETC.) |
| REASON FOR LEAVING                               |  |
| BRIEF DESCRIPTION OF DUTIES                      |  |
|  |  |
|  |  |
| COMPANY  | POSITON(S) HELD (FROM MOST RECENT)                   |
| ADDRESS  |  |
| TELEPHONE NOS.                                   | IMMEDIATE SUPERIORS (FROM THE MOST RECENT)           |
| INCLUSIVE DATES OF EMPLOYMENT                    | LATEST COMPENSATION PACKAGE) SALARY, BENEFITS, ETC.) |
| REASON FOR LEAVING                               |  |
| BRIEF DESCRIPTION OF DUTIES                      |  |
|  |  |
|  |  |
| COMPANY  | POSITON(S) HELD (FROM MOST RECENT)                   |
| ADDRESS  |  |
| TELEPHONE NOS.                                   | IMMEDIATE SUPERIORS (FROM THE MOST RECENT)           |
| INCLUSIVE DATES OF EMPLOYMENT                    | LATEST COMPENSATION PACKAGE) SALARY, BENEFITS, ETC.) |
| REASON FOR LEAVING                               |  |
| BRIEF DESCRIPTION OF DUTIES                      |  |
|  |  |
|  |  |

**SUPPLEMENTARY INFORMATION**

FROM THE SCALE OF 0 TO 12 (WITH 12 AS THE MOST ADVANCED), KINDLY IDENTIFY YOUR FAMILIARITY AND SKILLS WITH THE FOLLOWING:

VB.NET  
ASP.NET

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|   |   |   |   |   |   |   |   |   |    |    |    |

VB 6  
SQL SERVER  
ASP  
MS ACCESS  
HTML HELP AUTHORIZING

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|   |   |   |   |   |   |   |   |   |    |    |    |

HTML  
ADOBE PHOTOSHOP  
COREL DRAW  
DREAMWEAVER ULTRADEV  
FLASH

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|   |   |   |   |   |   |   |   |   |    |    |    |

WIN SERVER 2000 INSTALLATION  
WIN 98/2000/XP INSTALLATION  
LAN NETWORKING  
WAN NETWORKING  
PC TROUBLESHOOTING

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|   |   |   |   |   |   |   |   |   |    |    |    |

LANGUAGE/DIALECT USED                      SPOKEN                      WRITTEN                      READ

HAVE YOU SUPERVISED PEOPLE?

- YES                      HOW MANY? \_\_\_\_\_ WHEN? \_\_\_\_\_
- NO

HAVE YOU EVER BEEN ASKED TO RESIGN OR HAVE BEEN TERMINATED FROM EMPLOYMENT?

- YES                      PLEASE GIVE DETAILS \_\_\_\_\_
- NO

IN CASE OF EMERGENCY, PLEASE CONTACT:

|         |               |
|---------|---------------|
| NAME    | RELATIONSHIP  |
| ADDRESS | TELEPHONE NO. |

**MEDICAL HISTORY**

HAVE YOU HAD ANY ILLNESS, ACCIDENTS OR HOSPITALIZATION IN THE PAST FIVE (5) YEARS?

YES

PLEASE GIVE DETAILS \_\_\_\_\_

NO

CHECK ANY OF THE FOLLOWING CONDITIONS YOU HAVE OR HAD?

ALLERGY (ASTHMA OR HIVES)

CARDIOVASCULAR CONDITIONS (ELEVATED BLOOD PRESSURE, ANEMIA, HEART ABNORMALITIES)

GASTROINTESTINAL DISORDER (ULCER, LIVER DISEASE, BOWEL PROBLEMS)

MUSCOSKELETAL PROBLEMS (FRACTURED BONES, DISLOCATIONS, JOINT PROBLEMS)

VISION (GLASSES, DEFECTS, DISEASE)

PLEASE SPECIFY OTHER HEALTH CONDITIONS THAT MAY NEED SPECIAL CONSIDERATION AS TO JOB ASSIGNMENTS

**GENERAL INFORMATION**

ARE YOU/HAVE YOU BEEN AN OFFICER OF ANY LABOR ORGANIZATION? IF YES, PLEASE STATE ORGANIZATION'S NAME AND INCLUSIVE DATES OF MEMBERSHIP.

HAVE YOU EVER BEEN CONVICTED OR ACCUSED OF CRIME? IF SO, PLEASE DESCRIBE

STATE ANY OTHER RELEVANT FACTS/INFORMATION WHICH MIGHT HELP TO EVALUATE YOUR APPLICATION

**CHARACTER REFERENCES (THREE PERSONAL REFERENCES NOT RELATED TO YOU)**

| NAME | ADDRESS/TELEPHONE NO. | OCCUPATION | YEARS KNOWN |
|------|-----------------------|------------|-------------|
|      |                       |            |             |
|      |                       |            |             |
|      |                       |            |             |

**IMPORTANT**

To the best of my knowledge and ability, I have given the true and complete information as herein requested. I hereby authorize you to make reasonable inquiries from my school, former associates, employers and references.

I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION, OR ANY OMISSION OF FACTS, OF WHATEVER NATURE REQUIRED BY THIS APPLICATION, SHALL SERVE AS GROUNDS FOR REJECTION OF APPLICATIONS OR AS SUFFICIENT CAUSE FOR DISMISSAL AT ANY TIME DURING EMPLOYMENT.

If employed, I promise to abide by all lawful rules and regulations of the Company.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Give a brief description of yourself. Discuss your strengths and weaknesses, career plans and personal goals.
2. What are your expectations from the company?
3. What are your views on the IT Industry?



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_