



TOYOTA MOTOR PHILIPPINES SCHOOL OF TECHNOLOGY, INC.

Toyota Special Economic Zone
Santa Rosa-Tagaytay Highway, Santa Rosa City, Laguna 4026

CONTROL NO. _____

PLEASE PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM

NAME (SURNAME, FIRST, MIDDLE NAME)		NICKNAME		2" x 2" PHOTO	
HOME ADDRESS (House number, street, city, state or province and postal zone)		AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
PERMANENT ADDRESS (House number, street, city, state or province and postal zone)		RELIGION			
DATE OF BIRTH (dd-mm-yyyy)	PLACE OF BIRTH		CITIZENSHIP	NATIONALITY	
	City	State/Province			
ALIEN CERTIFICATE OF REGISTRATION NO. (if applicable)	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed	HOME TELEPHONE NO.	MOBILE NUMBER	E-MAIL ADDRESS	
Do you know how to drive a car? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT		WEIGHT	
If yes, how many years of driving experience do you have?					
DRIVER'S LICENSE TYPE: <input type="checkbox"/> PROF <input type="checkbox"/> NON-PROF <input type="checkbox"/> STUDENT		LANGUAGES/DIALECTS YOU CAN SPEAK AND WRITE <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Others (pls. specify): _____			
SPOUSE'S FULL NAME (if applicable)		DATE OF BIRTH (dd-mm-yyyy)	OCCUPATION	NO. OF CHILDREN (if any)	
EDUCATIONAL BACKGROUND					
	School Name	Degree/Course	From (yyyy)	To (yyyy)	Awards/Distinctions
Grade School					
High School					
Vocational (if applicable)					
College (if applicable)					
Postgraduate (if applicable)					
FAMILY BACKGROUND					
NAME OF PARENT	AGE	CIVIL STATUS	CURRENT ADDRESS	CONTACT NO.	E-MAIL ADDRESS
(Father)					
(Mother)					
OCCUPATION	PARENT'S EMPLOYER		BUSINESS ADDRESS	CONTACT NO.	
(Father)					
(Mother)					
NAME OF GUARDIAN (if any)	AGE	CIVIL STATUS	CURRENT ADDRESS	CONTACT NO.	E-MAIL ADDRESS
OCCUPATION	GUARDIAN'S EMPLOYER		BUSINESS ADDRESS	CONTACT NO.	

BIRTH ORDER: Eldest Youngest Middle Others (pls. specify): _____

NAME OF BROTHER(S)/SISTER(S) From eldest to youngest	AGE	GENDER (M or F)	CIVIL STATUS	OCCUPATION	SCHOOL/COMPANY
1.					
2.					
3.					
4.					
5.					

NAME OF CHILDREN (if applicable) From eldest to youngest	AGE	GENDER (M or F)	CIVIL STATUS	OCCUPATION	SCHOOL/COMPANY
1.					
2.					
3.					
4.					

IF APPLICABLE: EMPLOYMENT HISTORY (Start from your most recent working experience)

From	To	Position	Employer	Salary	Responsibility
1.					
2.					
3.					

GENERAL INFORMATION

Please check the appropriate box. If you answer YES, provide details.			DETAILS (please specify)
1. Do you have any known physical disabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Have you been hospitalized or diagnosed with any chronic/acute/contagious illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Have you been involved in any accident and/or suffered any injury?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Do you smoke cigarettes? If YES, indicate how many sticks per day in DETAILS column.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Do you drink alcoholic beverages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> occasionally			
6. Have you tried any prohibited drugs or dangerous substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, when was the last time? _____ What kind of drug/substance? _____			
7. Have you been suspended or dismissed from school or forced to resign from work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Have you been involved in any administrative or criminal case in your community or with your school/employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Have you applied to TMP before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10. Have you been employed or connected with TMP before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11. Are you willing to hold OJT in any Toyota dealer, even those that are far from your area of residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PREVIOUS LEARNING EXPERIENCES RELATED TO AUTOMOTIVE

RELATIVES IN TMP OR OTHER TOYOTA AFFILIATES (if any)

I hereby certify that all information stated are true, complete and correct to the best of my knowledge and belief. Any false information herein may be grounds for cancellation of my application or dismissal in case I am accepted. You may also consider this an authorization to conduct an investigation on my background.

Signature of applicant over printed name

Signature of parent/guardian

Date

*Signature is required for those who are financially supported by parent/guardian.