

# PASSAsia Personal History Form

Applicant ID No.

Attach recent

Passport size photo

1. Family Name (Last name) <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	Middle Name <input style="width: 90%;" type="text"/>	
2. Permanent Address <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>		Telephone Numbers Home <input style="width: 90%;" type="text"/> Other <input style="width: 90%;" type="text"/>	
3. Contact Address <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>		Phone <input style="width: 90%;" type="text"/> Fax <input style="width: 90%;" type="text"/> E-mail <input style="width: 90%;" type="text"/>	
4. Sex M <input type="checkbox"/> F <input type="checkbox"/>	5. Civil Status Single <input type="checkbox"/> Married <input type="checkbox"/>	Other (Please specify) <input style="width: 90%;" type="text"/>	
6. Date of Birth DD MM YYYY <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	7. Place of Birth <input style="width: 95%;" type="text"/>	8. Citizenship <input style="width: 95%;" type="text"/>	
9. Family Members: (Spouse, Children, Parents, Parents-in-Law)			
Name (Family Name, First Name)	Nationality	Relationship	Date of Birth DD MM YYYY
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
10. If you have a spouse, specify his/her current occupation and name of organization. <input style="width: 95%;" type="text"/>			
11. Name of person to be notified in case of emergency <input style="width: 95%;" type="text"/>		12. Telephone Number <input style="width: 90%;" type="text"/>	
Complete Address <input style="width: 95%;" type="text"/>			
13. Have you got any relative in PASSAsia Yes <input type="checkbox"/> No <input type="checkbox"/>		14. Job Position preference	
If "Yes" please give details <input style="width: 95%;" type="text"/>		1st <input style="width: 90%;" type="text"/>	
		2nd <input style="width: 90%;" type="text"/>	
		3rd <input style="width: 90%;" type="text"/>	

15. Beginning with your native language, enter all languages you know. Please indicate your proficiency by marking the appropriate box.

Language	Reading			Writing			Speaking			Understanding		
	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight
<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. EDUCATION: (Please give full details)

A. Schools

Name, City and Country	Period of Attendance				Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	From		To				Yes	No
	MM	YYYY	MM	YYYY			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

B. University or Equivalent

Name, City and Country	Period of Attendance				Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	From		To				Yes	No
	MM	YYYY	MM	YYYY			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

C. Post-Graduate Studies

Name, City and Country	Period of Attendance				Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	From		To				Yes	No
	MM	YYYY	MM	YYYY			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

D. Part-time Study Program

Name, City and Country	Period of Attendance				Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	From		To				Yes	No
	MM	YYYY	MM	YYYY			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

E. Professional qualifications or specialized training

17 Membership in professional societies and activities in civic, public, or international affairs.

18 List significant publications you have written and awards/ scholarship etc. (Do not attach)

19 List information technology skills in terms of software, programming languages, equipment and others, and indicate your proficiency level (i.e. "L" for low; A for average; "H" for High)

20 EMPLOYMENT RECORD: (Starting with your present/latest job, list every job you have had. Use a separate block for each job. Include also service in the armed forces and periods during which you were not gainfully employed. If you need more space, attach additional pages of the same format.

For consulting assignments, please indicate equivalent person-months).

From			To			Annual Basic Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Others (e.g. Bonuses, allowances, profit-sharing, etc.) <input type="text"/>								Name and Position of Supervisor:
Name and Address of Organization:								Number and Category of Employees you Supervised:
								Reason for Leaving/Wanting to Leave:

Nature of Business:	Telephone No.
<input type="text"/>	<input type="text"/>

Describe your Work: (Pls. use allotted fields. Do not write in shaded areas or add spaces. You may attach a CV containing additional information, if necessary.)

From	To	Annual Basic Salary		Position/Job Title:
<input type="text"/>	<input type="text"/>	Starting	Latest	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name and Position of Supervisor:
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>				<input type="text"/>
Name and Address of Organization:				No. and Category of Employees you Supervised:
<input type="text"/>				<input type="text"/>
				Reason for Leaving:
				<input type="text"/>

Nature of Business:	Telephone No.
<input type="text"/>	<input type="text"/>

Describe your Work:

From	To	Annual Basic Salary		Position/Job Title:
<input type="text"/>	<input type="text"/>	Starting	Latest	<input type="text"/>
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>				Name and Position of Supervisor:
Name and Address of Organization:				<input type="text"/>
<input type="text"/>				No. and Category of Employees you Supervised:
				<input type="text"/>
				Reason for Leaving:
				<input type="text"/>

Nature of Business:	Telephone No.
<input type="text"/>	<input type="text"/>

Describe your Work:

- If you have had more than four jobs, attach additional pages to record them -

From	To	Annual Salary		Position/Job Title:
<input type="text"/>	<input type="text"/>	Starting	Latest	<input type="text"/>
Term: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>				Name and Position of Supervisor:
Name and Address of Organization:				<input type="text"/>
<input type="text"/>				No. and Category of Employees you Supervised:
				<input type="text"/>
				Reason for Leaving:
				<input type="text"/>

Nature of Business:	Telephone No.
<input type="text"/>	<input type="text"/>

Describe your Work:

21 State any other relevant facts. Include international experience, stating place and duration.


22 Are you physically able and willing to travel?

Yes	No	By Air?	Yes	No	Frequently	Occasionally
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 Have you ever been arrested, indicted or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

24 Have you ever been discharged or forced to resign from any position?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", give details:

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25 What is your expected salary?

	per month
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26 I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. Permission is given to PASSAsia to conduct investigations as are necessary on the information given above. I understand that any misrepresentation or material omission made herein or in any other document requested by PASSAsia makes me a staff member liable for termination of service or dismissal.

Date:

Signature:

N.B. Please provide all the necessary documentation evidence (certificates of educational and professional qualification, awards, scholarship etc.) which supports the statements you have made above, when you present for the interview (if you are selected for an interview).