

GENERAL EVALUATION FORM



TO BE FILLED-OUT BY IPAMS RECRUITMENT TEAM ONLY.

RECOMMENDATION: Q NQ TP

APPLICANT'S PREFERRED COUNTRY:

RECRUITER:

ASSESSMENT DATE:

PERSONAL INFORMATION (APPLICANT PROFILE)

HOW DID YOU LEARN ABOUT IPAMS?

- Facebook Instagram Twitter/X LinkedIn Tiktok Youtube Website IPAMS Mobile App
 Workabroad.ph DMW Job Fairs/SRA PESO Offices Word of Mouth OTHERS _____

PART I – APPLICANT INFORMATION

Position Applied		Current job	
Full Name	(Last Name)	(First Name)	(Middle Name)
Current Address			
Cellphone No.		Email address	
Backup Cellphone No.			
Date of Birth	(Month/Date/Year)	Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Age		Marital status	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE-PARENT <input type="checkbox"/> LIVE-IN/COMMON LAW <input type="checkbox"/> ANNULLED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> WIDOWED
Height (cm) & Weight (kg)			
Passport Number		Passport Validity	(Month/Date/Year)
Driver's License Restriction Code		Driver's License Validity	(Month/Date/Year)
PEOS Certificate No.			

Highest Educational Attainment	<input type="checkbox"/> College Graduate _____ - _____	<input type="checkbox"/> Associate Degree _____ - _____
	<input type="checkbox"/> Senior High School _____ - _____	<input type="checkbox"/> College Undergraduate _____ - _____
	<input type="checkbox"/> Junior High School _____ - _____	<input type="checkbox"/> Graduate Associate Degree Undergraduate _____ - _____
	<input type="checkbox"/> High School _____ - _____	<input type="checkbox"/> Highschool Undergraduate _____ - _____
	<input type="checkbox"/> ALS Certified _____ - _____	<input type="checkbox"/> Post-Graduate _____ - _____
	<input type="checkbox"/> Vocational Course/TESDA _____ - _____	
		*Indicate school year on the space provided

NBI Clearance Remarks	<input type="checkbox"/> No Record on File	<input type="checkbox"/> No Criminal Record on File	NBI Clearance Validity	(Month/Date/Year)
	<input type="checkbox"/> No Derogatory Record on File	<input type="checkbox"/> No Pending Case		

ARE YOU AN EX-OFW	<input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUSLY DEPLOYED BY IPAMS	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF EX-OFW, INDICATE COUNTRY/IES WHERE YOU WORKED IN THE LAST FIVE (5) YEARS (LEAVE BLANK FOR FIRST TIMERS)		DATE OF LAST OVERSEAS WORK	(Month/Date/Year)
		ANY UNSETTLED DEBTS OVERSEAS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A CASE AGAINST YOUR FORMER Employer/DOLE/DMW (POEA)? (IF YES, STATE STATUS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE RELATIVES/FAMILY/FRIENDS IN CANADA? (IF YES, STATE LOCATION)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please refer to Page 2 – Part II of this application form

PART II – MEDICAL DECLARATION FORM

Please complete this form and declare fully and honestly all medical/physical conditions you have. Failure to do so can mean cancellation of your application.

 First name Middle name Last name

Date of last Medical Examinations (MM/DD/YYYY): _____

Name of Medical Facility/Place: _____

Please put a Check (✓) under the YES or NO column if you were diagnosed of the following conditions, and indicate treatment/corrective procedures done prior to this application:

Medical Condition	YES	NO	Write Treatment/Corrective Procedure
Vision Problem: EOR/Amblyopia/Cataract	<input type="checkbox"/>	<input type="checkbox"/>	
Color Deficiency: Color Blindness	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Deafness/Audiometry finding	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury, Trauma, Acquired Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological: Migraine, Epilepsy, Stroke, Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	
Scoliosis (indicate degree)	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disease/Allergic Dermatitis/Psoriasis/Eczema	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid: Goiter/Nodules/Hashimoto's Disease/Grave's Disease/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/COPD/Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis (PTB/Extrapulmonary)	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease/Abnormal ECG/AF/Angioplasty/CABG	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Renal/Kidney Disease/Kidney stone/Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disease/Gastroesophageal Reflux Disease (GERD)/ Gallbladder stone/Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	
OB-GYN Disorder: PCOS/Dysmenorrhea/Endometriosis	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis (Type: A, B, C, D, E)	<input type="checkbox"/>	<input type="checkbox"/>	
STD (HIV, HPV, Syphilis, Chlamydia, Gonorrhea)	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological problem/Anxiety/Depression/PTSD	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting Spell, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Physical/Body Marks	YES	NO	Indicate exact body part
Body Tattoos	<input type="checkbox"/>	<input type="checkbox"/>	
Scars	<input type="checkbox"/>	<input type="checkbox"/>	
Keloids	<input type="checkbox"/>	<input type="checkbox"/>	
Birthmarks	<input type="checkbox"/>	<input type="checkbox"/>	
Amputation (loss or removal of a body part such as a finger, toe, hand, foot, arm or leg)	<input type="checkbox"/>	<input type="checkbox"/>	
Visible Moles	<input type="checkbox"/>	<input type="checkbox"/>	
Polydactyly (one or more extra fingers)	<input type="checkbox"/>	<input type="checkbox"/>	
Leg Length Discrepancy (one leg shorter than the other)	<input type="checkbox"/>	<input type="checkbox"/>	
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	
Warts	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Tags	<input type="checkbox"/>	<input type="checkbox"/>	

If you have undergone any surgical procedure / operation or removal of tumor/mass, please submit operative record including biopsy / histopathology and your attending specialist's medical report to include date, procedure done, and prognosis of condition. (WRITE N/A on the space if NOT Applicable) _____

If you are currently taking any medication, please indicate what medicine / drug and for what illness / disease (WRITE N/A on the space if NOT Applicable) _____

Are you COVID-19 Full Vaccinated? YES NO

Vices? Smoking/Vaping Drinking Alcohol

CERTIFIED TRUE & CORRECT:

 APPLICANT SIGNATURE / DATE

PART III - STATEMENTS OF UNDERSTANDING:

I, _____, applicant for an overseas job, hereby depose and say:

A. FALSIFICATION OF DOCUMENTS AND MISREPRESENTATION OF APPLICATION:

I understand and agree to abide by the Department of Migrant Workers' 2023 Rules and Regulations particularly on Section 142, Part VI, Rule 3, to wit:

Disciplinary Action Against OFW, Classification of Offense and Penalties

SECTION 141. Grounds for Disciplinary Action and their Penalties. Commission by an OFW of any of the offenses enumerated below shall be a ground for disciplinary action for which the corresponding penalties shall be imposed.

1. SERIOUS OFFENSES. Serious offenses are punishable by One (1) Year-and One (1) Day to Two (2) Years suspension from participation in the overseas employment program.

a. Submitting, furnishing or using falsified document or employing any other forms of misrepresentation for the purpose of job application or employment.

B. CONFLICT OF INTEREST

I hereby undertake to not engage in any conflict of interest. Should I sign up or have already been selected for a particular Principal, I am waving my chance to be endorsed to other principals, unless IPAMS would state otherwise.

C. POSSIBLE CONDITIONAL OFFER AND MOBILIZATION PROCESS

I understand and agree that should I fail to meet the Principal's required physical tests in the Philippines and at the job site (abroad), or if for any reason, it is determined that I may not be employed, the Principal shall not be held liable for loss or damages.

I also warrant that I have acquired the consent from all parties involved in my application and hold free and harmless and indemnify IPAMS from any complaint, suit or damages, which party may file or claim in relation to issues surrounding my application to IPAMS.

D. DATA PRIVACY POLICY

I voluntarily give my consent for the collection, use, processing, storage, and retention of my personal data or information as an applicant for an overseas job. I fully understand that the information provided are solely for recruitment by IPAMS which will be shared to the Principal for possible employment. This Data Privacy Consent is for the purpose of collection and disclosure of my relevant personal information and sensitive personal information to be utilized for processing my application, for documentation, research if applicable, and facilitation of future transaction.

In compliance with **Data Privacy Act (DPA) of 2012**, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow and authorize IPAMS to continue to use, retain my information for a period of six (6) months and agree that my information will be deleted/destroyed after this period. I also understand that my consent does not prevent the existence of other criteria for lawful processing of personal data in relation to IPAMS' operations. I also allow IPAMS to share my information to third parties which are necessary for any of IPAMS' legitimate business purpose with IPAMS' assurance that security systems are employed to protect my personal information and sensitive personal information.

Text messages or conversation between myself and IPAMS staff will not be shared as it is STRICTLY CONFIDENTIAL and only to be used for my application. I understand that SCREENSHOTS and posting them in any social media platform is PROHIBITED. Such action will be SUBJECT FOR DISQUALIFICATION of my application even if I am chosen as a shortlist candidate for the job I applied.

APPLICANT SIGNATURE / DATE

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Watch listing: DMW Watchlist: No Record Permanent Cleared/Lifted Temporarily Disqualified
Employee Relations Department Status: No Derogatory Record Not Recommended

EVALUATION AND RECOMMENDATION

Recruiter: _____ Assessment Date: _____ Status: Q NQ TP
(Full Name/Signature of Recruiter)