



**InclusiRange Buffers Security Agency**  
169 Purok 5 Gen, Aguinaldo Highway, Brgy Lalaan II Silang Cavite  
Tel. No. (046) 414 2742 Mobile No. 09178720727  
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Attach 2x2 ID Photo  
(Matte Finish, White  
Background, Studio Shot)

APPLICATION FORM

Please print legibly. Tick the appropriate boxes (☐) and use a separate sheet if necessary. Indicate "N/A" if not applicable. **DO NOT ABBREVIATE.** Always submit in **three (3) copies.**

Personal Information

Full Name:				
	First Name:	Middle Name:	Surname:	Suffix (Jr, Sr, III)
Date of Birth:		Age:	Place of Birth:	
	(MM/DD/YYYY)			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Civil Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Religion:		Height:		Weight:

Contact Information

Current Address:			
Provincial Address:			
Mobile #:		Telephone #:	
Email Address:			

Position Applied For

Position Applied For:	<input type="checkbox"/> Security Guard (SG)	<input type="checkbox"/> Security Officer (SO)	<input type="checkbox"/> Admin / Office Staff
	<input type="checkbox"/> Other:		
Preferred Deployment Location (optional):			
When can you start?	<input type="checkbox"/> Immediately <input type="checkbox"/> Within 1 week <input type="checkbox"/> Specify:		
Willing to be assigned outside your province/city?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Conditions:		
Work Preference (For SG and SO):	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Any		
Referred by (if any):			

Educational Background

Level	Name of School	Years Attended	Degree/Certificate
Elementary			
High School			
College			
Vocational			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainings and Seminars Attended			
Title of Training/Seminar	Organizer / Institution	Date Attended	Venue/Location

Work Experience			
Company / Agency	Position Held	Inclusive Dates	Reason for Leaving

Licensing / Eligibility	
<div><input type="checkbox"/> With valid license</div> <div><input type="checkbox"/> Renewal in process</div> <div><input type="checkbox"/> New applicant</div>	
Security License No.:	
Expiry Date:	

Emergency Contact	
Name:	
Relationship	
Contact #:	
Address:	

201 Checklist

1. <input type="checkbox"/> IRBSA Application Form	6. <input type="checkbox"/> Certificate & Training (Pre-licensing)	11. <input type="checkbox"/> Police Clearance (Valid 1yr)
2. <input type="checkbox"/> 2x2 ID Picture	7. <input type="checkbox"/> Certificate of Attendance (Shooting)	12. <input type="checkbox"/> PSA/NSO Birth Certificate
3. <input type="checkbox"/> PNP License Card	8. <input type="checkbox"/> Neuro-psychological Report (Valid 1yr)	13. <input type="checkbox"/> Diploma (HS/College)
4. <input type="checkbox"/> Opening/Closing Report	9. <input type="checkbox"/> Drug Test & Medical Certificate (Valid 6mos)	14. <input type="checkbox"/> Barangay Clearance
5. <input type="checkbox"/> General Knowledge Exam (GKE)	10. <input type="checkbox"/> NBI Clearance (Valid 1yr)	15. <input type="checkbox"/> Other:

I hereby certify that the information provided above are true and correct to the best of my knowledge.

(Signature over Printed Name)

Date Accomplished

Government Issued ID: \_\_\_\_\_

ID/License/Passport No.: \_\_\_\_\_

Date/Place of Issuance: \_\_\_\_\_