



Privacy Consent Form

I acknowledge and understand that my personal information will be collected pursuant to iPloy Staffing Solutions, Inc. and that the company is collecting and will be using this personal employee information only for the establishment, management and conclusion of my employment relationship, including payroll, company benefits, in case of emergencies contact information and other reasonable purposes regarding my employment. In agreement to this, the company will only breach the data within the management team only which includes the Operations Management and Human Resources Department when the needs arise.

I agree that the iPloy Inc holds my personal data about me and consent the company to keep my records.

Upon signing this consent form on the 7th day of January, 2019 I therefore agree that my personal information be collected.

Employee Name : ARVIC LAURON
 Employee Signature : [Signature]
 Date : 1/7/2019

FIRST NAME		(mm/dd/yyyy)
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		/ /
26. FATHER'S SURNAME	LAURON	02 / 13 / 1974
FIRST NAME	ARMANDO	/ /
MIDDLE NAME	LETIGIO	/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME	LAURON	01 / 02 / 1975
FIRST NAME	ANDREA BEVITY	/ /
MIDDLE NAME	AMORES	/ /
25. NAME OF CHILD (Write full name and list all)		/ /
JOHN CLYDE AMORES LAURON		03 / 01 / 2000
		/ /
		/ /

44. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of