



**APPLICATION FOR EMPLOYMENT**

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

Position applied for: \_\_\_\_\_

FRS-003

Name: _____		
Last Name	First Name	Middle
Present Address: _____		
Permanent Address: _____		
Contact no.: Landline no.:		Mobile no.:
Birthplace: _____		
Sex at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male		
SSS no.:		Phil Health no.:
TIN no.:		Pag-ibig no.:

**EDUCATIONAL BACKGROUND:**

DEGREE	SCHOOL ATTENDED	DATE ATTENDED		GRADE/DEGREE ATTAINED
		FROM	TO	
Grade School				
High School				
Senior High School				
College				
Post Graduate				

Licensure Exam PRC:  YES  NO

PRC No.: \_\_\_\_\_

Others: \_\_\_\_\_

**Do you have any relative/s currently employed with DLSMHSI? \_\_\_\_\_**  
**If so, WHO and HOW are you related to them? \_\_\_\_\_**



**PREVIOUS EMPLOYMENT:**

Employer Name/Address:		
Position:	Salary:	Date of Employment:
Reason for leaving:		

Employer Name/Address:		
Position:	Salary:	Date of Employment:
Reason for leaving:		

Employer Name/Address:		
Position:	Salary:	Date of Employment:
Reason for leaving:		

**REFERENCES:** Give at least 3 references other than former employer. Do not list relatives.

NAME	BUSINESS	ADDRESS	CONTACT NUMBER

**CONFIRMATION**

I, \_\_\_\_\_, hereby authorize De La Salle Medical and Health Sciences Institute and/or their appointed Agent/Company to verify, countercheck and gather any and all information that I have provided in this Application for Employment necessary, related or reasonably material to my employment application including but not limited to my identity, address, origin, marital status, race, and affiliations, health, education, personal data, government licenses, dealings with any government agencies, bank or other financial institution, or information about any judicial, quasi-judicial or administrative case or proceeding, filed for or against me and for this purpose, De La Salle Medical and Health Sciences Institute and or/their appointed Agent/Company may conduct inquiries as may be necessary at the company's discretion. I hereby release all persons from liability on account of such disclosure.

I further confirm that I have expressly consented to and authorized the collection, holding, processing and use of my personal information, of whatever nature and however extensive, in relation to my application for employment, actual employment, and post-employment recording/verification.

In witness whereof, I have affixed my signature below.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE SIGNED