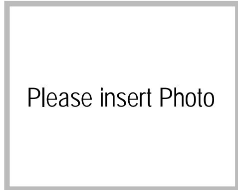
DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE
Nurturing Life



FACULTY APPLICATION FORM

Date:

FRS-010

Name		
Last Name	First Name	Middle Name

Nickname:	Contact no.
Present Address	Email Address:
	Place of Birth:
	Citizenship:
	TIN No.
Provincial Address	SSS No.
	Philhealth No.
	Pag-ibig No.
	PRC License No.

Professional Experience

Organization	Position Title	Start and End of Work	Monthly Salary

Education:

School	Degree Earned	Year Earned

Training:

Title of Training	Provider	Dates Taken

Awards Received:

Nature of Awards Received	Date Received

Other Achievements

Description of Achievement	Date Accomplished

Membership and Affiliation

References:

Name	Position/Company	Contact No.

Who referred you to DLSMHSI? ____________________________________

Do you have any relative/s currently employed with DLSMHSI?____________________________

If so, WHO and HOW are you related to them? ____________________________________

____

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.

_______________________________ _______________________

SIGNATURE OVER PRINTED NAME DATE SIGNED