



APPLICATION FOR EMPLOYMENT

2X2 ID Photo

GENERAL INFORMATION

Position Applied for _____ Salary desired _____

Referral Source: Newspaper Friend Relative Internet Search Walk-in Others _____

Name _____
Last First Middle If married, Maiden Name Nickname

Date of Birth _____ Place of Birth _____ Citizenship _____
dd/mm/yy

Religion _____ Civil Status _____ Gender: Male Female

TIN _____ SSS No. _____ Pag-IBIG No. _____

PhilHealth No. _____ E-mail Address _____ Mobile No. _____

Permanent Address _____
House number Street Subdivision Barangay
Town/City Province Zip code Telephone No. _____

Present Address _____
House number Street Subdivision Barangay
Town/City Province Zip code Telephone No. _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Name of Spouse _____ No of children _____

Occupation _____ Employer _____

Person to notify in case of emergency:

Name _____ Relationship _____

Address _____ Telephone No. _____

Have you ever filed an application here before? Yes No If yes, give date _____

Position applied _____

Have you been employed here before? Yes No If yes, give date _____

Position _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Employment desired? Full-Time Part-Time Temporary

When are you available for work? _____

Have you committed any administrative/civil offense? Yes No

If yes, please explain _____

EDUCATIONAL ATTAINMENT

| | NAME OF SCHOOL | LOCATION (Complete mailing address) | DURATION FROM - TO | DEGREE AND MAJOR |
|----------------------------------|-----------------------|---|------------------------------|-------------------------|
| Elementary | | | | |
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Post Graduate | | | | |
| Vocational/ Technical/Diploma | | | | |
| Others | | | | |

WORK EXPERIENCE (Please list your work experiences beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary).

| | | | |
|--|--------------------------------|-------------------------|--------------------------------|
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary per month |
| | | From To | Start Final |
| Phone number | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company | | | |
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary per month |
| | | From To | Start Final |
| Phone number | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company | | | |
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary per month |
| | | From To | Start Final |
| Phone number | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company | | | |

HONORS, ETC. (Honors, Awards, Publications, Societies)

| Type/Name/Title | Organization/Company | Date |
|-----------------|----------------------|------|
| | | |
| | | |
| | | |
| | | |

TRAINING AND DEVELOPMENT (Related to position applied for)

| Program Title | Organizing Agency | Date |
|---------------|-------------------|------|
| | | |
| | | |
| | | |
| | | |

COMPUTER SKILLS

Check off those computer skills with which you are proficient (any version).

PC User: MS Windows Macintosh

Office Application: MS Word MS Access MS Excel MS Publisher

MS Powerpoint MS Outlook/Outlook Express Others, specify _____

Communications: Internet E-mail

other information management software, specify _____

If applying for a computer related field:

Web page Design/Maintenance Programming Language/s, specify _____

Others. Please list _____

BUSINESS MACHINES YOU CAN OPERATE

Photocopier Printing Machine/Duplicator Fax Others. Please list _____

LICENSURE EXAM/S

Licensed number: _____ Date Taken: _____ Expiration date _____

Licensed number: _____ Date Taken: _____ Expiration date _____

OTHER SPECIAL SKILLS

Language/s and Dialect spoken and written:

Please list other special skills/hobbies/talent you may have:

NAME OF FRIENDS OR RELATIVES EMPLOYED IN LETRAN - CALAMBA

| Name | Position | Relationship |
|------|----------|--------------|
| | | |
| | | |
| | | |

REFERENCES (Please do not include relatives, friends, and or government officials who had not been superior in previous employment and/or had not been a co-worker in a company or organization)

| | |
|----------------|---------------------|
| Name: _____ | Position: _____ |
| Company: _____ | Telephone no. _____ |
| Address _____ | |
| Name: _____ | Position: _____ |
| Company: _____ | Telephone no. _____ |
| Address _____ | |
| Name: _____ | Position: _____ |
| Company: _____ | Telephone no. _____ |
| Address _____ | |

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated subject to the provisions of the appointment paper signed by myself and the employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I am also be required to undergo a pre-employment or post-employment medical exam by the Colegio's designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize to investigate my background to determine any and all information of concern as to my record, whether same is to record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Colegio thru its recognized representative permission to contact schools, previous employers, references, and others, and hereby release the Colegio from any liability as a result of such contract.

Signature of applicant _____ **Date:** _____

Thank you for completing this application form and for your interest in Letran - Calamba.