



## DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

### Human Resource Management Department

City of Dasmariñas, Cavite, Philippines  
(046) 481-8000 / (02) 8988-3100, loc. 1265 / 1267  
hrd@dlsmhsi.edu.ph

Please insert Photo

### FACULTY APPLICATION FORM

Date:

Please specify the faculty position you are applying for: \_\_\_\_\_

|   |            |                  |
|---|------------|------------------|
| Name  |            |                  |
| Last Name   | First Name | Middle Name      |
| Nickname:   |            | Contact Details: |
| Citizenship:  |            | Mobile No.       |
| Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female |            | Landline No.     |
| Present Address:  |            | Email Address :  |
|   |            |                  |
|   |            | TIN No.          |
| Permanent 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**

|  |
|--|
|  |
|  |
|  |
|  |

**Legal Case Filed or Responded**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Did you file a case against anyone?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you ever become a respondent to any case? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been convicted of any crime?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**References:**

| Name | Position/Company | Email Address | 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.

In relation to the Data Privacy Act of 2012. 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