HRMO Form SS-001
Last Rev. 09.25.2008 Rev.
02.11.2010

DE LA SALLE UNIVERSITY - DASMARIÑAS
Bagong Bayan, Dasmariñas, Cavite 4115 Philippines

Please attach
2 pcs. latest
2 x 2 colored photo.

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR (INDICATE 1ST AND 2ND CHOICE)

1ST CHOICE | 2ND CHOICE

PERSONAL DATA

NAME (LAST NAME/FIRST NAME/MIDDLE NAME)			NICKNAME	
PERMANENT ADDRESS		TELEPHONE NO.	E-MAIL ADDRESS	
PROVINCIAL ADDRESS		TELEPHONE NO.	BIRTH DATE	AGE
BIRTHPLACE	HEIGHT	WEIGHT	SEX	BLOOD TYPE
CITIZENSHIP	CIVIL STATUS	RELIGION		
SSS NO.	TIN NO.	PHILHEALTH NO.		
RES. CERT. NO.	PLACE OF ISSUE	DATE OF ISSUE		
LANGUAGE/DIALECT SPOKEN		MAJOR ILLNESS IN THE LAST FIVE YEARS		

EDUCATIONAL BACKGROUND

	NAME AND LOCATION OF SCHOOL	DATE GRADUATED	DEGREE OBTAINED/MAJOR/MINOR
POST GRADUATE			
TERTIARY			
SECONDARY			
PRIMARY			
SPECIAL COURSE			

ACADEMIC HONORS/AWARDS RECEIVED

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

GOVERNMENT EXAMS TAKEN	PLACE & DATE TAKEN	LICENSE NO.	RATING/GRADE

SPECIAL SKILLS	WHERE & HOW ACQUIRED?

EMPLOYMENT RECORDS

POSITION	NAME OF COMPANY	ADDRESS & TEL. NO.	EMPLOYMENT PERIOD		MONTHLY SALARY	REASON FOR LEAVING
			FROM	TO		

FAMILY BACKGROUND

NAME OF FATHER	OCCUPATION	ADDRESS & TEL. NO.
NAME OF MOTHER	OCCUPATION	ADDRESS & TEL. NO.
NAME OF SPOUSE (IF MARRIED)	OCCUPATION	ADDRESS & TEL. NO.

DEPENDENT CHILD/CHILDREN	DATE OF BIRTH	AGE

RELATIVE/S CURRENTLY EMPLOYED WITH DE LA SALLE UNIVERSITY - DASMARIÑAS	RELATIONSHIP	DEPARTMENT/POSITION

REFERENCES

NAME	ADDRESS	TEL. NO.
1.		
2.		
3.		

FOR HRMO USE ONLY

REMARKS

APPLICANT RELATIVES BY CONSANGUINITY		SPOUSE OF APPLICANT RELATIVES BY AFFINITY	
FATHER	MOTHER	FATHER	MOTHER
Brothers and Sisters and their Spouses (if applicable)	Brothers and Sisters and their Spouses (if applicable)	Brothers and Sisters and their Spouses (if applicable)	Brothers and Sisters and their Spouses (if applicable)
Grandparents	Grandparents	Grandparents	Grandparents
Uncles/Aunts and their Spouses (if applicable)	Uncles/Aunts and their Spouses (if applicable)	Uncles/Aunts and their Spouses (if applicable)	Uncles/Aunts and their Spouses (if applicable)
First Cousins and their Spouses (if applicable)	First Cousins and their Spouses (if applicable)	First Cousins and their Spouses (if applicable)	First Cousins and their Spouses (if applicable)
Nephews/Nieces and their Spouses (if applicable)	Nephews/Nieces and their Spouses (if applicable)	Nephews/Nieces and their Spouses (if applicable)	Nephews/Nieces and their Spouses (if applicable)
Grandchildren	Grandchildren	Grandchildren	Grandchildren

This certififes that I do not have any relative employed in this university up to the fourth (4th) degree of consanguinity and affinity.

I assure the company that the data I have given in this application form are complete and true. I understand that any falsification or omission of information hereon which tends to mislead, will be considered cause for dismissal at the time the falsification or omission is discovered and proven, and I unqualifiedly waive all rights to contest such dismissal.

PRINTED NAME OF APPLICANT	SIGNATURE	DATE SIGNED