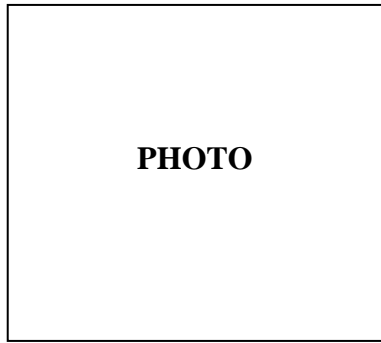




San Juan De Dios Educational Foundation, Inc. -Hospital
 ISO 9001 (Quality); ISO 14001 (Environment);
 OHSAS 18001 (Occupational Health & Safety)
 C E R T I F I E D



PHOTO

APPLICATION FOR EMPLOYMENT

PLEASE WRITE/PRINT LEGIBLY

Date Filed: _____

POSITION APPLIED FOR:	Licensure/Board Exam taken: <i>(if applicable)</i>	Year taken:	Rating:	License No.:
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P E R S O N A L D A T A

Last Name:		First Name:		Middle Name:	
Sex:	Height:	Weight:	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Church <input type="checkbox"/> Civil	Nationality:	Religion:
Age:	Date of Birth:	Place of Birth:	Email Address:		Mobile No:
Complete Residence Address :				Telephone No.:	
Complete Provincial Address :				Telephone No.:	
SSS No.:	TIN:	Philhealth No.:	Pag-Ibig No.:		
Spouse's Name:		Date of Birth:	Occupation:		
Name of Children		Date of Birth	Grade/Course/School Attended		

F A M I L Y H I S T O R Y

Father's Name (Lastname,Firstname,Middlename):		Date of Birth:	Occupation:	Address:	
Mother's Name (Lastname,Firstname,Middlename):		Date of Birth:	Occupation:	Address:	
Name of Brothers/Sisters	Civil Status	Date of Birth	Educational Attainment		Occupation
Person to Notify in Case of Emergency	Relation:	Address:			Contact no.:

EDUCATION

<i>LEVEL</i>	<i>NAME OF SCHOOL</i>	<i>Year Attended</i>	<i>Grade/Course/Degree Earned or Completed</i>	<i>Awards/Honors received</i>
<i>Elementary</i>				
<i>High School</i>				
<i>Vocational</i>				
<i>College</i>				
<i>Post-Graduate</i>				

WORK EXPERIENCE

(Start from current employment)

<i>Date</i>		<i>Name of Company/Employer</i>	<i>Address</i>	<i>Position</i>	<i>Salary</i>	<i>Reason for leaving</i>
<i>From</i>	<i>To</i>					

Languages/Dialects Spoken: _____

Talents: _____

Skills/Abilities: _____

CHARACTER REFERENCES

(List down at least two(2) references – not related to you)

Name	Company/Address	Telephone Number

Do you know anyone from SJDEFI (College/Hospital)? _____. If Yes, Please state name and your relationship with him/ her _____.

AGREEMENT

I hereby affirm to the best of my knowledge that all the answers and statements made by me on this application are true and correct and that I have not withheld nor misrepresented any fact or circumstance which would, if disclosed, affect my application for employment.

I acknowledge that filling out this application does not entitle me to any acquired right and that the San Juan De Dios Educational Foundation, INC. –Hospital may dispose of this application in any matter it sees fit.

I hereby allow San Juan De Dios Educational Foundation, Inc. –Hospital to verify the information contained herein. I understand that any material fact discovered during the course of my employment will be sufficient ground for any Dismissal or termination from employment.

Applicant's Signature over Printed Name