



DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

Human Resource Management Department

City of Dasmariñas, Cavite, Philippines

Tel. Nos. 481-8000 / (02) 8988-3100, loc. 1265 / 1267

hrd@dlshsi.edu.ph

PREVIOUS EMPLOYMENT:

Employer Name / Address:		
Position:	Salary:	Tenure of Employment:
Reason for Leaving:		

Employer Name / Address:		
Position:	Salary:	Tenure of Employment:
Reason for Leaving:		

Employer Name / Address:		
Position:	Salary:	Tenure of Employment:
Reason for Leaving:		

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've been convicted of any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCES: Give at least 3 references other than former employer. Do not list relatives.

NAME	BUSINESS	EMAIL ADDRESS	CONTACT NUMBER

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