



FACULTY APPLICATION FORM

Date:

FRS-010

Name:		
Last Name	First Name	Middle Name
Nickname:		Contact no.:
Present Address:		Email Address:
		Citizenship:
		TIN No.:
Provincial 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 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 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