



**HUMAN RESOURCE MANAGEMENT
AND DEVELOPMENT OFFICE**

Document No.: FM-HRD-001

Revision No.: 00

EMPLOYMENT APPLICATION FORM

Effectivity Date: Jan. 2, 2020

Recent Passport
Size
Photo ID with
Name Tag

Please fill in all the required information in **black ink**. Do not leave an item **blank**. If item is not applicable, indicate **"N/A"**.

Position Applied for			Date	
PERSONAL BACKGROUND				
Family Name		First Name		Middle Name
Home Address			Contact Nos.	
Boarding House Address			Contact Nos.	
E-mail Address				
Date of Birth	Age	Place of Birth		Nationality
Religion	Sex	Civil Status:		No. of Children
Name of Spouse (if married)		Date of Marriage		Place (Name of Church)
Occupation of Spouse		Employer of Spouse		Address/Contact No.
Children's Information (please use back page, if more space is needed)				
Name		Date of Birth	Age	School where they are Studying
Parents' Information				
Name		Date of Birth	Age	Occupation
Father				
Mother				
Brothers and Sisters' Information (please use back page, if more space is needed)				
Name		Date of Birth	Age	Occupation
Other Information				
SSS No.		PAG-IBIG No.	TIN	PHILHEALTH NO.
EDUCATIONAL ATTAINMENT AND ACADEMIC DEGREES				
Level	School/Address		Year Graduated	Honors/Awards
Elementary				
High School				
	Degree Earned	School/Address	Year Graduated	Honors/Awards
Technical/Vocational				
College				
Post Graduate				
CIVIL SERVICE AND OTHER GOVERNMENT EXAMINATIONS PASSED (PRC)				

Date of Examination (MM/DD/YY)	Examination	Rating

EMPLOYMENT HISTORY (START WITH MOST RECENT)

Position	Name of School/Agency	Reason for Leaving	Subjects Taught <i>(for Teacher Applicants)</i>	Date (MM/YY)	
				From	To

TRAININGS/CONFERENCES/SEMINARS/WORKSHOPS/SHORT COURSES ATTENDED (in the last 3 years)

Title of Trainings/Seminar/Conference/ Workshop/Short Courses	Inclusive Dates of Attendance	Sponsoring Agency

MEMBERSHIP IN CIVIC, PROFESSIONAL AND RELIGIOUS ORGANIZATION

Position	Name of Organization

SPECIAL SKILLS AND OTHER QUALIFICATIONS (please specify)

Computer	
Office Equipment	
Languages	
Hobbies/Sports	
Other Skills	

EMPLOYMENT IN USL (for those previously employed in USL)

Inclusive Date of Employment	Position

OTHER INFORMATION (please put a check on the appropriate answer)

	Yes	No	If Yes, Please Specify
1. Have you ever been afflicted of any illness/diseases?			
2. Have you ever been charged or convicted of any crime?			
3. Have you ever been charged administratively by your previous employer/s?			
4. How did you come to know of this University?			

5. How much is your expected starting salary?

6. What is your basis of the expected starting salary?

7. Discuss briefly how your characteristics, skills and knowledge can make you an asset of the University (*in not less than 100 words*).

8. Sketch of your current home address from your place to USL

REFERENCES

Name	Company/Agency	Address	Contact No.

IN CASE OF EMERGENCY

Contact Person	Address
Relationship	Contact Nos.

CONSENT AND CERTIFICATION

By filling out this form and signing below, I am giving my consent to the University of Saint Louis – Human Resource Office to collect, process, retain, and store my personal data in accordance with the provisions of Republic Act 10173 – Data Privacy Act of 2012.

I hereby certify that the information provided in this document is accurate and complete to the best of my knowledge. I understand that any misrepresentation and/or omission in this form shall result in the rejection of my application or shall be a ground for termination of my employment.

Applicant's Signature over Printed Name

Date of Application