



PHOTO
(2" x 2")

APPLICANT'S DATA SHEET

FILL UP THIS FORM COMPLETELY. IN EACH BOX/SPACE, PUT N/A IF NO DATA.

PERSONAL

FAMILY NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	NICKNAME		
PRESENT ADDRESS				TELEPHONE	CELLPHONE	
PERMANENT ADDRESS				TELEPHONE		
DATE OF BIRTH	PLACE OF BIRTH			CITIZENSHIP	BLOOD TYPE	SEX
RELIGION	CIVIL STATUS	DATE OF MARRIAGE		HEIGHT (FT/CM)	WEIGHT (LBS/KILOS)	
PHILHEALTH NO.	PAG-IBIG MID NO.			TIN	SSS NO.	
FATHER'S NAME			MOTHER'S MAIDEN NAME			
NAME OF SPOUSE			DATE OF BIRTH (SPOUSE)			
NAME OF CHILDREN 1)		DATE OF BIRTH	NAME OF CHILDREN 4)		DATE OF BIRTH	
2)			5)			
3)			6)			
PERSON TO CONTACT IN CASE OF EMERGENCY:		NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	COURSE	FROM	TO	HIGHEST LEVEL COMPLETED
ELEMENTARY					
HIGH SCHOOL					
VOCATIONAL SCHOOL					
COLLEGE					
GRADUATE SCHOOL					

TRAININGS

NATURE OR TITLE OF SEMINAR, WORKSHOP, SPECIAL COURSE, OR SCHOLARSHIP	NAME AND LOCATION OF INSTITUTION	INCLUSIVE DATES ATTENDED

SKILLS

SPECIAL SKILLS/ OTHER QUALIFICATIONS	YES	NO	SPECIAL SKILLS / OTHER QUALIFICATIONS	YES	NO
COMPUTER SKILLS (SPECIFY SOFTWARE)			OTHERS: (Pls. specify)		
CLERICAL/RECORDS MANAGEMENT					
DRIVING (Specify type of license)					
SKILLED WORK: (Pls. specify) (e.g., electrical, carpentry, plumbing, automotive, etc.)					

LIC.

PROFESSIONAL ELIGIBILITY	LICENSE NO.	EXPIRY DATE	OTHERS: (Pls. specify)	LICENSE NO.	EXPIRY DATE
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ACTIVITIES

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS AND CLUBS
HOBBIES & RECREATIONAL ACTIVITIES

(Start with last or present employer)

WORK EXPERIENCE

INCLUSIVE DATES OF EMPLOYMENT	COMPANY NAME & ADDRESS	POSITION	SALARY	REASON FOR LEAVING

(Employment record in Lorma Colleges)

INCLUSIVE DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SALARY	REASON FOR LEAVING

REFERENCES

REFERENCES: (EXCLUDE RELATIVES)	NAME	NAME AND ADDRESS OF COMPANY	POSITION	TEL & MOBILE NUMBER /EMAIL AD
1.				
2.				
3.				

MEDICAL HISTORY

HEALTH:	PARTICULARS	YES	NO	IF YES, NATURE OF ILLNESS
PREVIOUS HOSPITALIZATION				
PREVIOUS OPERATION				
CURRENTLY UNDERGOING TREATMENT				
DATE LAST CHEST X-RAY TAKEN	RESULTS	STATUS OF HEALTH (please check one) <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> POOR		

POSITION APPLIED FOR:	1.	2.	3.
HOW DID YOU HEAR ABOUT THE POSITION:	DATE AVAILABLE FOR EMPLOYMENT:		

HAVE YOU EVER BEEN TERMINATED, SEPARATED FOR CAUSE FROM THE SERVICE OF YOUR PAST EMPLOYER? NO YES IF YES, STATE WHY.

WHY I CHOSE LORMA COLLEGES FOR MY EMPLOYMENT? (Answer in not less than 5 sentences)

I hereby certify that the foregoing information is true and correct to the best of my knowledge and may serve as the basis of my employment and that I have not withheld any fact or circumstance which could affect my application unfavorably. It is understood that if there are any omissions or misrepresentations contained in this document, reasonable proof of this will be sufficient ground for the termination of my employment. This also serves as an authorization for Lorma Colleges, Inc. to conduct verification on the information which I have provided.

LORMA COLLEGES RULES AND REGULATIONS

1. I hereby agree to confirm to the Lorma Colleges rules and regulations. I understand that my employment with this institution is temporary unless otherwise specified and may be terminated at any time without compensation than for the period of actual services rendered.
2. As part of the terms and conditions if I am employed, the undersigned hereby agrees and undertakes –
 - a. To undergo orientation for a period of _____ week (s) without pay;
 - b. To attend chapel devotions as required.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

INTERVIEW NOTES
_____ Director, Human Resource