

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	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 RELATIONSHIP IN CASE OF EMERGENCY:		NAME			ADDRESS		TELEPHONE NO.

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	PRC LICENSE NO.	EXPIRY DATE	OTHERS: (Pls. specify)	LICENSE NO.	EXPIRY DATE

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 OR /EMAIL ADDRESS	
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 CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I AUTHORIZE VERIFICATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION AND HEREBY RELEASE AND WAIVE ANY CLAIM AGAINST LORMA COLLEGES WHICH MAY ALLEGEDLY ARISE FROM SUCH VERIFICATION. I FURTHER UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE EITHER CONTAINED IN MY APPLICATION OR GIVEN DURING ANY INTERVIEW AND ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO LORMA COLLEGES' RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT IS "AT-WILL" AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH PRIOR NOTICE, AT EITHER MY OR LORMA COLLEGES OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH PRIOR NOTICE AT ANY TIME BY LORMA COLLEGES.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE ALL THE EMPLOYMENT REQUIREMENTS ON OR BEFORE THE FIRST DAY OF MY EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

INTERVIEW NOTES	
_____ Director, Personnel Services Office	_____ Department Head