



HUMAN RESOURCE MANAGEMENT OFFICE

REFERRAL SLIP

Name of Applicant		College/Department	
INTERVIEW			
1	1.1 Department Chair		Date
	1.2. College Dean		Date
	1.3 Vice Chancellor for Academics & Research		Date
2	TEACHING DEMONSTRATION		Date
3	PSYCHOMETRIC EXAMINATION CONDUCTED BY		Date
	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score <input style="width: 50px; height: 20px;" type="text"/>	
4	PHYSICAL EXAMINATION CONDUCTED BY		Date
5	WILL START ON		Date
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contractual	



DE LA SALLE UNIVERSITY - DASMARIÑAS
 Bagong Bayan, Dasmariñas, Cavite 4115

Please attach
 2 pcs. latest
 2 x 2 colored photo.

APPLICATION FOR EMPLOYMENT

PERSONAL RECORD				
NAME (LAST NAME/FIRST NAME/MIDDLE NAME)			NICKNAME	
PERMANENT ADDRESS		TELEPHONE NO.	E-MAIL ADDRESS	
PROVINCIAL ADDRESS		TELEPHONE NO.	BIRTH DATE	AGE
BIRTHPLACE	HEIGHT	WEIGHT	SEX	BLOOD TYPE
CITIZENSHIP	CIVIL STATUS		RELIGION	
SSS NO.	TIN NO.	PHILHEALTH NO.		
RES. CERT. NO.	PLACE OF ISSUE	DATE OF ISSUE		
LANGUAGE/DIALECT SPOKEN		MAJOR ILLNESS IN THE LAST FIVE YEARS		
FAMILY BACKGROUND				
NAME OF SPOUSE (IF MARRIED)		ADDRESS & TEL. NO.		OCCUPATION
SPOUSE'S EMPLOYER			TELEPHONE NUMBER	
DEPENDENT CHILD/CHILDREN		DATE OF BIRTH	AGE	
NAME OF FATHER		ADDRESS & TEL. NO.		OCCUPATION
NAME OF MOTHER		ADDRESS & TEL. NO.		OCCUPATION
RELATIVE/S CURRENTLY EMPLOYED WITH DE LA SALLE UNIVERSITY - DASMARIÑAS		RELATIONSHIP	DEPARTMENT/POSITION	
EDUCATION (SECONDARY, COLLEGIATE, GRADUATE, POST GRADUATE)				
DOCTORATE DEGREE	NAME AND LOCATION OF SCHOOL			YEAR ATTENDED
TITLE				
UNITS EARNED	(IF NOT YET COMPLETED)			
MASTER'S DEGREE	NAME AND LOCATION OF SCHOOL			YEAR ATTENDED
TITLE				
UNITS EARNED	(IF NOT YET COMPLETED)			
SECONDARY	NAME AND LOCATION OF SCHOOL			YEAR ATTENDED
TERTIARY				
MAJOR				
OTHER STUDIES	NAME AND LOCATION OF SCHOOL			YEAR ATTENDED
EDUCATIONAL EXPERIENCES (TEACHING EXPERIENCES IN OTHER EDUCATIONAL INSTITUTIONS)				
POSITION	INSTITUTION	SALARY RATE	DATE EMPLOYED	
CIVIL SERVICE AND GOVERNMENT EXAMINATIONS PASSED				
TYPE OF EXAMINATION	DATE PASSED		RATING	

EXPERIENCES IN OTHER FIELDS			
POSITION	FIRM/INSTITUTION	SALARY RATE	DATE EMPLOYED

PROFESSIONAL MEMBERSHIPS		
NAME OF ORGANIZATION	POSITION	NO. OF YEARS

PUBLICATIONS AND RESEARCH (LIST ONLY MOST RECENT, i.e., WITHIN 5 YEARS)		
TITLES	DATE OF PUBLICATION	NAME OF ORGANIZATION

INSERVICE TRAININGS AND SEMINARS ATTENDED (LIST ONLY MOST RECENT, i.e., WITHIN 3 YEARS)			
DATES	TITLE	CONDUCTED BY	NO. OF HOURS

WHY ARE YOU APPLYING AT DE LA SALLE UNIVERSITY - DASMARIÑAS?

WHY ARE YOU LEAVING YOUR PRESENT JOB?

DO YOU HAVE ANY RELATIVE/S WORKING AT DE LA SALLE UNIVERSITY - DASMARIÑAS?		
<input type="checkbox"/> NONE	<input type="checkbox"/> YES, THEY ARE AS FOLLOWS:	
NAME	RELATIONSHIP	DEPARTMENT

REFERENCES		
NAME	ADDRESS	TELEPHONE NUMBER

DO YOU HAVE PERMISSION TO USE THE ABOVE AS YOUR REFERENCE? _____

FOR HRMO USE ONLY
REMARKS

I assure the company that the data I have given in this application form are complete and true. I understand that any falsification or omission of information hereon which tends to mislead, will be considered cause for dismissal at the time the falsification or omission is discovered and proven, and I unqualifiedly waive all rights to contest such dismissal.

PRINTED NAME OF APPLICANT	SIGNATURE	DATE SIGNED
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APPLICANT	
RELATIVES BY CONSANGUINITY	
FATHER	MOTHER
Brothers and Sisters and their Spouses (if applicable)	Brothers and Sisters and their Spouses (if applicable)
Grandparents	Grandparents
Uncles/Aunts and their Spouses (if applicable)	Uncles/Aunts and their Spouses (if applicable)
First Cousins and their Spouses (if applicable)	First Cousins and their Spouses (if applicable)
Nephews/Nieces and their Spouses (if applicable)	Nephews/Nieces and their Spouses (if applicable)
Grandchildren	Grandchildren

SPOUSE OF APPLICANT	
RELATIVES BY AFFINITY	
FATHER	MOTHER
Brothers and Sisters and their Spouses (if applicable)	Brothers and Sisters and their Spouses (if applicable)
Grandparents	Grandparents
Uncles/Aunts and their Spouses (if applicable)	Uncles/Aunts and their Spouses (if applicable)
First Cousins and their Spouses (if applicable)	First Cousins and their Spouses (if applicable)
Nephews/Nieces and their Spouses (if applicable)	Nephews/Nieces and their Spouses (if applicable)
Grandchildren	Grandchildren

This certifies that I do not have any relative employed in this university up to the fourth (4th) degree of consanguinity and affinity.

PRINTED NAME OF APPLICANT	SIGNATURE	DATE SIGNED
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