

ANGELES MEDICAL CENTER, INC.

Human Resource Department

EMPLOYMENT APPLICATION

Personal Information:

Position Applied		Date	
First Name	Middle Name	Last Name	
Permanent Address:		Mobile Number	
Date of Birth	Place of Birth	Age	Sex
Civil Status	Citizenship	Religion	

Name of Parents:

Father	Occupation
Mother	Occupation

Educational Attainment:

Name of School Attended	Course	Year Attended

Previous Employment:

Name of Company (3 Last Employment)	Position	Inclusive Date	Salary Received

Reason for separation from last employer _____

In filing this application for the privilege to work at Angeles Medical Center, Inc. I agree:

- To abide by the policies and regulations of the department, and the hospital;
- To confine my practice to the specialty to which I am fully qualified as indicated below.

Signature over printed name:

Date:

This portion is to be filled by the Unit Head and HRD:

Remarks:

Unit Head	Action Taken: <input type="checkbox"/> Recommended for Hire <input type="checkbox"/> Not Recommended for Hire <input type="checkbox"/> Not Qualified
Name and Signature: HRD Head	Action Taken: <input type="checkbox"/> Hired <input type="checkbox"/> Rejected <input type="checkbox"/> For Reference Starting Date:
Ma. Zenaida D. Limjoco – Chief of Human Resources Department	