

IT IS UNDERSTOOD THAT ANY WORKING CONDITION ENTERED INTO BETWEEN THE CAPITOL MEDICAL CENTER, AND THE APPLICANT IS PREDICATED UPON THE STATEMENT GIVEN BY THE APPLICANT IN THE DOCUMENT. ANY MISREPRESENTATION OR OMISSION OF FACTS GIVEN IS SUFFICIENT CAUSE FOR DISMISSAL AT THE TIME THE MISREPRESENTATION IS DISCOVERED.

INSTRUCTIONS: Read the above statement. If you agree, fill out this application in your own handwriting. Avoid erasures. Think carefully before writing anything. Please attach supportings as required.

POSITION APPLIED FOR: _____	MINIMUM SALARY EXPECTED _____	DATE AVAILABLE _____
NAME (Print): _____		
(Last)	(First)	(Middle)
City Address: _____	Tel. No.: _____	Mobile No.: _____
Provincial Address: _____	Tel. No.: _____	PRC No.: _____
SSS No.: _____	TIN: _____	PTR: _____
Date of Birth: _____	Place of Birth: _____	Citizenship: _____
Age: _____	Sex: _____	Weight: _____
	Height: _____	Religion: _____

CHECK ITEMS WHICH APPLY:

CIVIL STATUS: Single Married Widow (er) Separated
 Own Home Rented With relatives Dormitory

CHARACTERISTICS: Wear Eyeglasses Left Handed Color Blind Others _____

Father : _____	Mother : _____
Occupation: _____	Occupation: _____
Address : _____	Address : _____
Spouse : _____	Occupation: _____
Address : _____	
Brother(s) : _____	Sister(s) : _____
Occupation: _____	Occupation: _____
Address : _____	Address : _____

No. of Children and their Ages: _____ Other Dependents and their Ages: _____

Have you been ill during the last (5) years of any major disease or infection? If yes, please indicate _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any medical disorder, heart condition or congenital defect? If yes, please indicate _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you undergone any surgical operation since childhood? If yes, please describe _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any police record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been accused of indicated or tried of violation of law, ordinance, regulation before any court or tribunal? If yes, please give details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been dismissed by any former employer or organization? If yes, please give details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

Elementary : _____ Year Graduated: _____
(School and Location) Cross out last grade completed: (1) (2) (3) (4) (5) (6)

High School: _____ Year Graduated: _____
(School and Location) Cross out last grade completed: (1) (2) (3) (4) (5) (6)

Vocational School: _____ Year Graduated: _____
Course: _____ Year Completed: _____

College : _____ Graduated: Yes No
Degree Received: _____ Honors Received: _____

Post Graduate Studies: _____ Year: _____
Degree or Major Subject: _____ Year Degree Received: _____
Thesis: _____ No. of Years Completed: _____

GOVERNMENT EXAMINATIONS

Examinations: _____ Date: _____ Rating: _____

WORK / TRAINING EXPERIENCE

(Start with past experience)

Name and Address Hospital or firm	Position	Length of Service	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP IN VARIOUS ORGANIZATIONS

Name	Year(s)	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

(Do not include relatives or former employer)

Name	Address and Tel. No.	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to the condition of this application and certify that the statement given are true and correct to the best of my knowledge and belief.

Upon acceptance of my application by CMC, I agree furthermore to abide by all the provisions stipulated in the CMC Manual governing a copy of which I have carefully read and understood.

Conforme:

Signature over printed name

Right Thumb Mark



Resident Certificate No.: _____
Issued on: _____ Issued at: _____
Date Submitted: _____