

CAVITE SCHOOL OF ST. MARK APPLICATION FOR EMPLOYMENT

Instructions

Please print out all answers to the questions below. Be sure to provide information that is current and complete.

POSITION APPLIED FOR:	DATE AVAILABLE FOR EMPLOYMENT
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Name	Last	First	Middle	Social Security No.	TIN
Present Address:				Civil Status:	
Permanent Address:				Telephone Number:	
Date of Birth		Mobile Phone Number:		E-Mail Address:	

Have you ever worked for us before? Yes____No____(If yes, give dates: From____ to____)

Have you been involved in and/or convicted of any crime? No____ Yes____

If yes, please explain:_____

Please name any relative or acquaintance employed by us:_____

NBI Clearance No	Date Issued	Expiry Date
Municipal Work Permit No.	Date and Place of Issue	Expiry Date
Municipal Health Clearance No.	Date and Place of Issue	Expiry Date

Most recent:

EMPLOYMENT HISTORY

Employer		Complete business address			
Job Title	Starting Salary	End Salary	Supervisor's Name	Contact Phone Number	
Employed from:		Part-time: _____		Reason for leaving	
(Month/Year)	to	(Month/Year)	Full-time: _____		
Employer		Complete business address			
Job Title	Starting Salary	End Salary	Supervisor's Name	Contact Phone Number	
Employed from:		Part-time: _____		Reason for leaving	
(Month/Year)	to	(Month/Year)	Full-time: _____		
Employer		Complete business address			
Job Title	Starting Salary	End Salary	Supervisor's Name	Contact Phone Number	
Employed from:		Part-time: _____		Reason for leaving	
(Month/Year)	to	(Month/Year)	Full-time: _____		
Employer		Complete business address			
Job Title	Starting Salary	End Salary	Supervisor's Name	Contact Phone Number	

EDUCATION AND TRAINING

College/University/Technical/Vocational School	Location	Course of Study	Period Attended	Date Graduated
High school attended	Location	Date graduated	Organizations/ Merit received	
Seminars/ Training/ Development Courses	Venue	Topic	Date held	

Professional License Number: _____ Exam date: _____ Rating: _____

Other skills/awards received: _____

Hobbies / Leisure activities: _____

PROFESSIONAL REFERENCES

Please list three (3) business work references who are not related to you. Indicate in the How Known section what working relationship the individual had or has to you. (i.e. manager, co-worker, customer, client, etc.)

Name	Company	Address	How Known	Contact Phone Number

PROFESSIONAL ASSOCIATIONS

List professional, trade, business or civic activities and offices held.

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No

If yes, please explain: _____

In case of emergency, who may we contact?

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

APPLICATION REQUIREMENT 2

ESSAY

This section is a part of the requirements for application to Cavite School of St. Mark. Please print all answers clearly.

1. What does the word "educator" mean to you? What does it mean to be involved in the mission of education?

2. What can Cavite School of St. Mark expect from you? What do you expect from Cavite School of St. Mark?

3. If you will be asked to render service beyond official time, would you be willing? Why?

4. Can you relate with the mission of Cavite School of St. Mark? In what way/s?

CERTIFICATION

I certify the information presented in this Employment Application is complete, correct and true to the best of my knowledge. I hereby give Cavite School of St. Mark the right to make an investigation based on the information presented to verify correctness. I also understand that misrepresentation of information is grounds for disqualification from further consideration for, or termination from, employment. If employed, I hereby agree to abide by all existing and future policies and rules of Cavite School of St. Mark. I understand that Cavite School of St. Mark may amend or revise its policies at any time and that nothing contained in this Employment Application or the granting of an interview and the submission of application requirements creates an express or implied contract of employment between the school (CSSM) and me.

Applicant Signature: _____
 Printed Name: _____

Date: _____

Do not write below this line

Interviewed By	Department	Date	Action

REF / INFORMATION

Yes, in file No

Hired By	Date	Start Pay	Position	ID Number

Check Forms Completed

Health Permit
 Work Permit
 Physical Examination Result
 NBI Clearance
 Transcript
 Action Form
 ID Requirements
 Time Card
 Other documents: (specify): _____

Professional License documentation
 Professional Profile Data Form

Starting Date	Shift	Supervisor	Birthdate