Colegio de San Juan de Letran human resources department

Email: hrd@letran.edu

151 Muralla St., Intramuros, Manila Tel Nos. 527-7693 to 97 loc. 621 www.letran.edu

PICTURE 1 X 1

APPLICATION FORM

Surname	First Name Middle Name		e	Nickname	
City Address:					
Telephone No:	Mobile. No:				
Provincial Address:					
Age:Se	ex: Birthda	ate:	Birthplace:		
Civil Status:	Citizenship	:	Religion:		
TIN:	S	SS:			
PAG-IBIG:	P	hilhealth			
School/Address Elementary:	Course/Degree	Inclusive Dates	TIOTIOI S/AWa	rds/Schoolarsh	
High School:					
College:					
Graduate School:					
Others:					
		1	l .		

(Continue on separate sheet if necessary)

Professional Licenses

Exam/Board/Bar Passed	Date of Exam	Rating	Place of Exam
1.			
2.			
3.			
4.			
5.			

III. WORK EXPERIENCE

Company/Address	Position	Inclusive dates	Last Salary	Reason for Leaving
1.			,	
2.				
3.				
4.				
5.				

(Continue on separate sheet if necessary)

IV. ADDITIONAL QUALIFICATION

Special Skills
Languages / Dialects you can speak and write
Machines / Equipment you can operate
Please indentify any additional knowledge, publication awards that will be helpful to us in considering your application for employment:
Do you have any physical, psychological impairments that would interfere with your ability to perform for the job for which you are applying? [] YES [] NO If yes, please explain: