



Name of Applicant: \_\_\_\_\_  
Position/s applied for: \_\_\_\_\_  
1<sup>ST</sup> choice: \_\_\_\_\_  
2<sup>ND</sup> choice: \_\_\_\_\_

## Application for Employment

### Hospital Vision

To be the leading healthcare service provider in the Philippines and all the markets we serve.

### Hospital Mission

To provide quality healthcare in a caring environment through committed and competent professionals, effective and efficient processes and technology, that exceeds the expectations of our patients, physicians and employees, while maintaining fiscal and social responsibility.

### Guiding Principles

- We create a caring environment that enhances our patient's physical, emotional and spiritual health and well-being.
- We continually improve the quality of everything we do.
- We provide continuous development, support and recognition of our employees.
- We optimize our resources to deliver quality service, care and treatment.
- We work together with a passion towards a common purpose.
- We uphold ethical principles as a good corporate citizen.

Welcome to **Asian Hospital & Medical Center**.

You are applying with a tertiary care hospital that espouses **patient-centered care** in a **total healing environment**. This means that we are committed to giving our patients the best quality of care and comfort possible to speed up their healing process and to create a positive experience.

As a potential member of this organization, we will need to know your personal background, education, and professional experiences as well as your future plans. This will allow us to assess your qualifications and thereby determine your future in AHMC.

Please take time to read this form. Ensure that you have answered **completely and accurately** all items asked for to facilitate the processing of your application. If the spaces provided are insufficient, you are allowed to attach additional sheets of paper.

After you have completed this form, we will take time to evaluate your qualifications and credentials to ensure a proper fit in the position you are applying for. You will then receive a notice from us informing you of the next step in your application.

We appreciate your time and effort in applying with us. Thank you for your interest in **Asian Hospital and Medical Center**.

## PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	NICKNAME	DATE OF APPLICATION	
CITY ADDRESS				CONTACT NUMBERS	
				RESIDENCE:	
				OFFICE:	
PERMANENT ADDRESS				MOBILE:	
				E-MAIL:	
DATE OF BIRTH & PRESENT AGE	MARITAL STATUS	RELIGION	SEX	CITIZENSHIP	
SSS No.	TIN	PAG-IBIG No.	Philhealth No.	PRC No. (if any)	
Sports/Hobbies:		Languages		Fair	Fluent

## PROFESSIONAL PRACTICE

Use additional sheet if necessary

EMPLOYER	DATE		LAST SALARY RECEIVED	REASON FOR LEAVING/SEPARATION
	FROM	TO		
Name: Add/Tel No.: Position & Department Assigned:				
Job Summary				
Name: Add/Tel No.: Position & Department Assigned:				
Job Summary				
Name: Add/Tel No.: Position & Department Assigned:				
Job Summary				
Name: Add/Tel No.: Position & Department Assigned:				
Job Summary				
COMMENDATIONS AND OTHER RECOGNITIONS RECEIVED FROM YOUR PRESENT/PREVIOUS EMPLOYERS				

## PROFESIONAL/CAREER DEVELOPMENT

Use additional sheet if necessary

TRAINING PROGRAMS/SEMINARS/ OTHERS	DATE		VENUE	SPONSORED BY
	FROM	TO		
<b>LICENSES, PROFESSIONAL MEMBERSHIPS, PRIVELEGES AND OTHER RELATED INFORMATION</b>				
<b>OTHER SKILLS (Computer proficiency, familiarity with office &amp; treatment / medical machines)</b>				

## EMPLOYMENT OPTIONS&OTHER INFORMATION

<p><b>Are you available for:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center; width: 10%;">Yes</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 10%;">No</td> <td style="width: 30%;"></td> </tr> <tr> <td>Full time employment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Part time employment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Temporary employment (casual/contractual/project)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p>What is your salary expectation? _____</p> <p>Date of availability: _____</p> <p>Have you been involved in any legal case? If yes, describe your participation:</p>		Yes		No		Full time employment	<input type="checkbox"/>		<input type="checkbox"/>		Part time employment	<input type="checkbox"/>		<input type="checkbox"/>		Temporary employment (casual/contractual/project)	<input type="checkbox"/>		<input type="checkbox"/>		
	Yes		No																		
Full time employment	<input type="checkbox"/>		<input type="checkbox"/>																		
Part time employment	<input type="checkbox"/>		<input type="checkbox"/>																		
Temporary employment (casual/contractual/project)	<input type="checkbox"/>		<input type="checkbox"/>																		

## EDUCATIONAL BACKGROUND&PROFESSIONAL AFFILIATES

NAME OF SCHOOL/ ADDRESS	DATE		COURSE / DEGREE	HONORS/COMMENDATIONS RECEIVED
	FROM	TO		
POST GRAD STUDIES				
COLLEGE DEGREE				
HIGH SCHOOL				
ELEMENTARY				
VOCATIONAL/OTHER COURSES TAKEN				
<b>GOVERNMENT EXAMS TAKEN / DATES / RATING</b>				

## FAMILY INFORMATION

Include spouse and children, parents and brothers and sisters

NAME	RELATIONSHIP	BIRTHDATE	ADDRESS & CONTACT NUMBER	EMPLOYER OR SCHOOL

Do you have any relative/s employed with Asian Hospital? If yes, state the name and your relationship:  
\_\_\_\_\_

Contact person in case of emergency:  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No/s. : \_\_\_\_\_

## MEDICAL HISTORY

A. State any major illness, major surgery or hospitalization in the last two years?

B. State all known allergies (ex. Dust, antibiotics, alcohol, aspirin, etc.)

Do you take maintenance medicine? (for asthma, hypertension, diabetes, etc.)

C. Do you have any physical limitations (limbs, sight, hearing?)  
Please specify:

D. Do you wear glasses?

Contact Lenses?

Blood Type:

## REFERENCES

Your references should not be related to you and must have known you personally for at least 2 years

NAME	ADDRESS	CONTACT NUMBER/S & EMAIL ADDRESS

## CERTIFICATION

*I declare that the information given by me in this application form is correct and true to the best of my knowledge. I have not willfully suppressed any facts.*

*I fully understand and accept that if any time after engagement, it is found that a false declaration has been made in this form, the Company has the absolute right to terminate my employment without assigning any reason.*

\_\_\_\_\_  
Printed Name and Signature of Applicant

\_\_\_\_\_  
Date

*Note: Photocopies of all relevant documents including certificates and testimonials should be submitted together with this application. They are not returnable. Originals should not be enclosed but should be presented for inspection at the interview.*