

APPLICATION FORM

Date of Posting of Notice of Vacancy: _____ HRD Memo No. _____

| Order of Preference | Item No. | Position Title | JG | Office/Department |
|---------------------|----------|----------------|----|-------------------|
| | | | | |
| | | | | |
| | | | | |

Name: _____

Present Position/JG _____

Employment Status _____

Office/Department/Agency _____

CONTACT DETAILS

The HRD shall send all notices relative to your application to the email address you will be providing below.

Email Address : _____

AUTHORITY TO CONDUCT BACKGROUND CHECKS AND DECLARATION OF PRACTICE PROFESSION

I hereby authorize PhilHealth to make inquiry about and receive information about my suitability for employment. I give permission to persons contacted to provide information, which may include, but are not limited to the quality and quantity of my work, work record, qualifications, education, and disciplinary records. I hereby waive, release and agree not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information.

I also declare that I am not barred/suspended or with ongoing case with penalty of suspension/disbarment from practicing my profession as _____ (applicable only to applicants to position with practice of profession e.g. Lawyers, Doctors, Engineers etc.).

A copy of this authorization and declaration shall be effective as the original.

Signature of applicant : _____

Date signed : _____