



APPLICATION FOR CIVIL SERVICE EXAMINATION
(Pen and Paper Test)

To be filled out by Applicant

Examination Applied for:

Career Service-Professional

First time to take the examination? : ☒ YES ☐ NO

If NO, indicate date of last examination taken:
(mm/dd/yyyy)

To be filled out by Applicant

CSC Regional Office

CSC Regional Office XII

Date of Examination (mm/dd/yyyy)

08102025

Place of Examination

GENERAL SANTOS CITY

Verified against: (For CSC Processor ONLY)

☐ DIBAR ☐ E-Retakers ☐ EDQIS

ID PHOTO

- Philippine passport size
- showing 80% face capture
- in bare face & showing left and right ears
- with handwritten (not computer generated) name tag showing signature over printed full name

(see illustration & more specifications at the back)

Instructions : READ ADMISSION AND APPLICATION REQUIREMENTS AT THE BACK PAGE. DO NOT APPLY IF NOT QUALIFIED.
Fill in all the required information. DO NOT leave an item blank. If item is not applicable, indicate "N/A".

A. PERSONAL INFORMATION

NAME (Last Name)		(Given Name)		(Ext. Name, e.g. Jr./Sr., if any)		(Middle Name)		(M.I.)	
GARZON		JOHN ABNER				ARNAIZ		A.	
AGE	DATE OF BIRTH (mm/dd/yyyy)		SEX	PLACE OF BIRTH: City (write province only if city name has namesake e.g. San Fernando City, La Union/City of San Fernando, Pampanga; OR Municipality & Province)					
22	11/12/2002		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	POLOMOLOK SOUTH COTABATO					
CITIZENSHIP		MOTHER'S MAIDEN FULL NAME (the full name of your mother by birth or before she was married)							
FILIPINO		(Last Name)		(Given Name)		(Middle Name)			
ARNAIZ		JEAN		PRADO					
COMPLETE PERMANENT MAILING ADDRESS									ZIP CODE
PRK. MALINAWON AZUCENA EXTENSION									9504
CIVIL STATUS			OTHER DATA:		If PWD, please specify:				
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____			<input type="checkbox"/> Pregnant <input type="checkbox"/> Senior Citizen		<input type="checkbox"/> Orthopedic <input type="checkbox"/> Deaf/hard of hearing				
					<input type="checkbox"/> Visually impaired <input type="checkbox"/> Others _____				
MOBILE NUMBER (Required)			TELEPHONE NUMBER (include Area Code)			E-MAIL ADDRESS (Required)			
09927556230			N/A			garzonjohn528@gmail.com			
HIGHEST EDUCATIONAL ATTAINMENT									
Level of Education: <input type="checkbox"/> High School/Sr High School <input type="checkbox"/> Technical/Vocational <input checked="" type="checkbox"/> College <input type="checkbox"/> Postgraduate (Master/Doctor) <input type="checkbox"/> Other/s: _____									
Completion: <input checked="" type="checkbox"/> Not Graduated / ongoing If not graduated/ongoing, highest Year/Level/Units earned, or taking up: 4TH YEAR 155 UNITS									
<input type="checkbox"/> Graduated If graduated, date/year of Graduation/Completion: N/A Honors received: N/A									
Complete Title of Course/Degree (except for High School/Sr High School): CIENCE IN INFORMATION TECHNOLOGY Major: BUSINESS ANALYTICS									
Name and Address of School Attended: SOUTH EAST ASIAN INSTITUTE OF TECNOLOGY, INC. NATIONAL HIGHWAY, BRGY CROSSING RUBBER TUPI, SOUTH COTABTO Inclusive years: 2021-2025 (from-to)									

B. INFORMATION ON GOVERNMENT EXAMINATIONS PASSED / CIVIL SERVICE ELIGIBILITY


Title of Examination Passed / Title of Eligibility Granted	Rating Obtained	Date of Examination / Date Eligibility was Granted	Place of Examination
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

C. PRESENT EMPLOYMENT

<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Non-government Organization <input type="checkbox"/> Self-Employed <input checked="" type="checkbox"/> Unemployed				
Agency/Office	Address	Position/Job Title	No. of Years in Present Position/Job	Status of Appointment/ Employment
N/A	N/A	N/A	N/A	N/A

DO NOT FILL-OUT THE SHADED PORTION. (FOR CSC PROCESSOR ONLY).

Date: _____ O.R. No. _____ Amount: 500.00 Name of Collecting Officer _____	Identification/Other Documents Presented: _____ Details: _____ ACTION TAKEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Reason for disapproval: _____ Signature over Printed Name of Processor _____ Position/Designation _____ 05/28/2025 Date & Time
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Date: _____ O.R. No. _____ Amount: 500.00 Name of Collecting Officer _____	<div>APPLICATION RECEIPT</div> <div>Examination Applied For: Career Service-Professional DATE: August 10, 2025 TIME: 6:30 AM PLACE: GENERAL SANTOS CITY Signature over Printed Name of Processor _____ Position/Designation _____ 05/28/2025 Date & Time</div>	APPLICATION NO. _____
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To be filled out by Applicant

Applicant's Name: JOHN ABNER A. GARZON		
Given Name MI Last Name		Ext. Name (i.e. Jr./Sr., if any)
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy): 11/12/2002	Signature: _____

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