

PROVINCIAL HUMAN RESOURCE MANAGEMENT OFFICE  
IDENTIFICATION OF CONSANGUINITY / AFFINITY FORM

Name of Applicant : null  
Applied Position : null  
Please check the herein List of PGB Employees with Same Middle Name and Family Name of the Applicant.

Parents/ Spouse/ Grandmothers/ Grandfathers	PGB Employees with same Last Name/ Middle Name of the applicant	Relationship	Remarks
SUBSCRIBE AND SWORN to before me this ____ day of _____, 2018 affiant exhibited to me his/her _____ with ID number _____.			

Doc. No. \_\_\_\_\_  
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Book No. \_\_\_\_\_  
Series of 2018

I declare under the penalties of perjury that the above answer are made in good faith and to the best of my knowledge and belief are true and correct. That if I will be appointed as employee of PGB and later found that I have relatives in the Provincial Government of Bukidnon I am willing to have my appointment revoked under the existing policy of Provincial Government of Bukidnon of no hiring relative up to 5th degree of consanguinity /affinity.

\_\_\_\_\_  
Signature of Applicant