



APPLICATION FORM

☒ / PROGRAMMING

☐ Retake

☒ / First Time


Instructions: Fill in all the required information, DO NOT leave an item blank. If item is not applicable, Indicate "N/A".
All applications must be filled *PERSONALLY* by applicant.

PERSONAL INFORMATION				
SURNAME, GIVEN NAME, MIDDLE NAME			MOBILE NUMBER (e.g. 9XXXXXXXXX).	
COMPLETE MAILING ADDRESS (Street no., Brgy., Municipality/City, Province)			E-MAIL ADDRESS	
PLACE OF BIRTH	DATE OF BIRTH (mm/dd/yyyy)	GENDER	CITIZENSHIP	CIVIL STATUS
COLLEGIATE / TERTIARY EDUCATION (attach certified true copy of transcript of records)				
UNIVERSITY / SCHOOL ATTENDED		DEGREE EARNED		INCLUSIVE YEARS Ex. 2019-present
University of San Agustin		BS Information Technology (Graduating)		2020 -Present
IT TRAININGS / SEMINARS (related to chosen examination)				
COURSE / SEMINAR TITLE		TRAINING CENTER		TOTAL TRAINING HOURS
EMPLOYMENT INFORMATION				
PRESENT OFFICE (DO NOT ABBREVIATE THE NAME) <i>Not Applicable</i>			TELEPHONE NUMBER/CONTACT NO.	
OFFICE ADDRESS <i>Not Applicable</i>			OFFICE CATEGORY <input type="checkbox"/> Gov't <input type="checkbox"/> Private	
DESIGNATION / POSITION <i>Not Applicable</i>			NO. OF YEARS IN PRESENT POSITION <i>Not Applicable</i>	
For Programming: Check the language that you will use in the exam.				
<input type="checkbox"/> VISUAL BASIC 6.o		<input type="checkbox"/> C		<input type="checkbox"/> C#
<input type="checkbox"/> VISUAL BASIC.NET		<input type="checkbox"/> C++		<input type="checkbox"/> JAVA
ADDITIONAL INFORMATION: (Check all that apply)				
<input type="checkbox"/> PWD <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Solo Parent <input type="checkbox"/> Member of an IP Group				
<p>IMPORTANT: Per Section 2 (Declaration of Policy) of the Data Privacy Act of 2012, it is the policy of the State to protect the fundamental human right of privacy, of communication while ensuring free flow of information to promote innovation and growth. The State recognizes the vital role of information and communications technology in nation building and its inherent obligation to ensure that personal information in information and communications systems in the government and in the private sector are secured and protect.. As such, information collected from this form shall be held in strict confidence and shall only be used solely for records keeping purposes. I hereby certify to the best of my knowledge and information, that these are true and correct. Any information found to be false is a ground for disqualification from taking the Proficiency Examination in the future.</p> <p>***NON-APPEARANCE ON THE EXAM DATE, NO REFUND POLICY***</p>				
SIGNATURE OF APPLICANT			DATE ACCOMPLISHED	

