



## APPLICATION FORM

**PROGRAMMING**

**Retake**

*Date of Last Attempt in MM/DD/YY format*

**First Time**

Passport size photo  
with label (Surname,  
Given Name, Middle  
Name)

**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

### IT TRAININGS / SEMINARS (related to chosen examination)

COURSE / SEMINAR TITLE	TRAINING CENTER	TOTAL TRAINING HOURS

### EMPLOYMENT INFORMATION

PRESENT OFFICE (DO NOT ABBREVIATE THE NAME)		TELEPHONE NUMBER/CONTACT NO.
OFFICE ADDRESS		OFFICE CATEGORY Gov't                      Private
DESIGNATION / POSITION	NO. OF YEARS IN PRESENT POSITION	

For Programming: Check the language that you will use in the exam.

VISUAL BASIC 6.0	C	C#
VISUAL BASIC.NET	C++	JAVA

ADDITIONAL INFORMATION: (Check all that apply)

PWD                      Senior Citizen                      Solo Parent                      Member of an IP Group

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.

\*\*\*NON-APPEARANCE ON THE EXAM DATE, NO REFUND POLICY\*\*\*

SIGNATURE OF APPLICANT	DATE ACCOMPLISHED
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