



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) 08112024

To be filled out by Applicant

CSC Regional Office

REGION 8

Date of Examination (mm/dd/yyyy)

03022025

Place of Examination

ORMOC 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.)

PUSA

JENIEL

AMISTOSO

A

AGE

DATE OF BIRTH (mm/dd/yyyy)

SEX ☒ Male ☐ Female

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)

27

09/17/1997

CAIBIRAN BILIRAN

CITIZENSHIP

MOTHER'S MAIDEN FULL NAME (the full name of your mother by birth or before she was married)

FILIPINO

PAHAYAHAY

ELIZABETH

AMISTOSO

COMPLETE PERMANENT MAILING ADDRESS

ZIP CODE

PUROK1, BRGY ASUG CAIBIRAN BILIRAN,CAIBIRAN,BILIRAN,REGION VIII - EASTERN VISAYAS

6548

CIVIL STATUS

OTHER DATA:

If PWD, please specify:

☒ Single ☐ Married ☐ Others

☐ Pregnant ☐ Senior Citizen

☐ Orthopedic ☐ Deaf/hard of hearing

☐ Visually impaired ☐ Others

MOBILE NUMBER (Required)

TELEPHONE NUMBER (include Area Code)

E-MAIL ADDRESS (Required)

09356358408

jeniel12300@gmail.com

HIGHEST EDUCATIONAL ATTAINMENT

Level of Education: ☐ High School/Sr High School ☐ Technical/Vocational ☒ College ☐ Postgraduate (Master/Doctor) ☐ Other/s:

Completion: ☐ Not Graduated / ongoing If not graduated/ongoing, highest Year/Level/Units earned, or taking up: BACHELOR OF SCIENCE IN COMPUTER SCIENCE

☒ Graduated If graduated, date/year of Graduation/Completion: 2022-09-21 Honors received: N/A

Complete Title of Course/Degree (except for High School/Sr High School): COMPUTER SCIENCE Major: PROGRAMMING

Name and Address of School Attended: NAVAL BILIRAN Inclusive years: 2022-2023 (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

☐ Government ☐ Private ☐ Non-government Organization ☐ Self-Employed ☒ Unemployed

Agency/Office	Address	Position/Job Title	No. of Years in Present Position/Job	Status of Appointment/ Employment
N/A	N/A	N/A	0	N/A

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

Date: _____

O.R. No. _____

Amount: _____

Name of Collecting Officer _____

Identification/Other Documents Presented: _____ Details: _____

ACTION TAKEN: ☐ APPROVED ☐ DISAPPROVED Reason for disapproval: _____

Signature over Printed Name of Processor _____ Position/Designation _____ Date & Time _____

Date: _____

O.R. No. _____

Amount: _____

Name of Collecting Officer _____

APPLICATION RECEIPT

APPLICATION NO. _____

Examination Applied For: Career Service-Professional

DATE: March 02, 2025 TIME: 06:30 AM PLACE:ORMOC CITY

Signature over Printed Name of Processor _____ Position/Designation _____ Date & Time _____

ID PHOTO

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(see illustration & more specifications at the back)

To be filled out by Applicant

Applicant's Name: JENIEL A PUSA

Given Name MI Last Name Ext. Name (i.e. Jr./Sr., if any)

Sex: ☒ Male ☐ Female Date of Birth (mm/dd/yyyy): 09/17/1997 Signature: _____

WARNING: NO I.D., NO EXAM. | Gates of testing venues shall be CLOSED to examinees at 7:45 a.m. on examination day.

