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|  | | Reference No.: BatStateU-FO-OJT-02 | | | | | | | | | | | | | Effectivity Date: May 18, 2022 | | | | | Revision No.: 02 | | | |
| **STUDENT TRAINEE’S PERSONAL HISTORY STATEMENT** | | | | | | | | | | | | | | | | | | | | | “1X1”  PICTURE | | |
| **Student Information** | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: |  | ARIAS | | | | | | | | | | |  | LEMAUEL | | | |  | SANCHEZ | | | |  |
|  |  | LAST | | | | | | | | | | |  | FIRST | | | |  | MIDDLE | | | |  |
| AGE: 21 | | | | | | | | | | | | | | SEX: | | MALE | | | FEMALE | | | | |
| HEIGHT: 166 CM | | | | | | | | WEIGHT: 49 KG | | | | | | | | COMPLEXION: BROWN | | | | | | | |
| DISABILITY(IF ANY) | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHDATE: | | | | | | | | | | | | | BIRTHPLACE: BATANGAS CITY | | | | | | | | | | |
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|  | | m | | m |  | d | d | |  | y | y |  |
|  | | | | | | | | | | | | |
| CITIZENSHIP: FILIPINO | | | | | | | | | | | | | CIVIL STATUS: SINGLE | | | | | | | | | | |
| PRESENT ADDRESS: #0040 LAMAO, LIBJO, BATANGAS CITY | | | | | | | | | | | | | | | | | | TEL. NO. 09938060984 | | | | | |
| PROVINCIAL ADDRESS:  #0040 LAMAO, LIBJO, BATANGAS CITY, BATANGAS 4200, PHILIPPINES | | | | | | | | | | | | | | | | | | TEL. NO. N/A | | | | | |
| **Family Background** (if parents are deceased, give data for the nearest relative and indicate relationship to applicant) | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER’S NAME: ISIDRO A. ARIAS | | | | | | | | | | | | | | | | OCCUPATION: N/A | | | | | | | |
| MOTHER’S NAME: LINA S. ARIAS | | | | | | | | | | | | | | | | OCCUPATION: N/A | | | | | | | |
| ADDRESS OF PARENTS:  #0040 LAMAO, LIBJO, BATANGAS CITY | | | | | | | | | | | | | | | | TEL. NO.: N/A | | | | | | | |
| GUARDIAN’S NAME: LINA S. ARIAS | | | | | | | | | | | | | | | | TEL. NO.: 09934782603 | | | | | | | |
| **SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| PROGRAM: BACHELOR OF INDUSTRIAL TECHNOLOGY | | | | | | | | | | | | | | | | YEAR LEVEL: 4TH YEAR | | | | | | | |
| MAJOR:  INSTRUMENTATION AND CONTROL TECHNOLOGY | | | | | | | | | | | | | | | | LENGTH OF PROGRAM: FOUR YEARS | | | | | | | |
| DEPARTMENT:  COLLEGE OF ENGINEERING TECHNOLOGY | | | | | | | | | | | | | | | | SCHOOL ADDRESS:  GOLDEN COUNTRY HOMES, ALANGILAN, BATANGAS CITY | | | | | | | |
| OJT COORDINATOR: Mr. VENER C. MACATANGAY | | | | | | | | | | | | | | | | TEL. NO.: 09258041927 | | | | | | | |
| OJT HEAD: Engr. ADRIAN FERDINAND M. MELO | | | | | | | | | | | | | | | | TEL. NO.: 0434250139 local 2139 | | | | | | | |
| DEAN: Dr. ELISA D. GUTTIEREZ | | | | | | | | | | | | | | | | TEL. NO.: 0434250139 local 2103 | | | | | | | |
| In case of emergency, notify | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: LINA S. ARIAS | | | | | | | | | | | | | | | | RELATIONSHIP: MOTHER | | | | | | | |
| ADDRESS: #0040 LAMAO, LIBJO, BATANGAS CITY | | | | | | | | | | | | | | | | TEL. NO.: 09934782603 | | | | | | | |
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| I hereby certify that the foregoing answers are true and correct to the best to my knowledge, belief and ability. | | | | | | | | | | | | | | | | | | | | | | | |
| Signed at: | | |  | | | | | | | | | | | | | Date: |  | | | | |  | |
| LEMAUEL S. ARIAS  **Applicant’s Signature over Printed Name** | | | | | | | | | | | | | | | | | | | | | | | |