



EMILIO AGUINALDO COLLEGE CAVITE

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Tel. Nos. (046) 416-4339/41 www.eac.edu.ph



OFFICE OF EXTERNAL LINKAGES AND PLACEMENT SERVICES (OLP)

APPLICATION FOR ON-THE-JOB TRAINING

Date: _____

Dean, School of _____

Dear _____:

I would like to apply for deployment in the On-the-Job-Training Program of the _____ for _____ Semester/Summer, AY 20____ to 20____.
(Program – Year & Section)

I. PERSONAL DATA

Name: _____ Learner's Identification No.: _____
Program: _____ Gender/Civil Status: _____
Telephone/Mobile No.: _____ Email Address: _____
Home Address: _____
Name of Father: _____ Occupation: _____ Mobile No.: _____
Name of Mother: _____ Occupation: _____ Mobile No.: _____
If employed,
Company Name: _____
Company Address: _____

II. PREFERENCE FOR DEPLOYMENT

First Choice : _____
Address : _____

Second Choice : _____
Address : _____

Third Choice : _____
Address : _____

Signature over Printed Name of Learner

Recommending Approval:

OJT Practicum Coordinator's Name and Signature

Approved by:

Dean