7. CARE	CIVIL SERVICE ELIGIBILITY CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING DATE OF					LICENSE (If ap	
			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ION / CONFERMENT		NUMBER	
							Name of Street, or other Designation of Street, or other Desig	processor of the second	
		and the same of th							
	16 70		(Co	ntinue on separate sheet it	necessary)			ally to say	
	EXPERIENCE			A STATE OF	LC Physical Leading			Mary L	
	USIVE DATES	from your recent work) Desc	cription of duties sho	ald be indicated in the atta	ched Work Experience sheet		SALARYI JOBI PAY	trend of a co	
(п	rm/dd/yyyy)	POSITION TO (Write in full/Do not	ITLE abbreviate)		NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARYI JOBI PAY GRADE (II applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	
From	To						INCREMENT	1	
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	100000000000000000000000000000000000000			Amountain artistic services					

NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyr)		NAMER OF HOURS	POSITION / NATURE OF WORK	
	From	To			
	and the state of				
	tinue on separate si		1		THE TAKE SUPPLIES OF SHIP OF STREET
EARNING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINING PR	OGRAMS ATT	ENDED			
iom the most recent L&D/reining program and include only the relevant L&D/reining t-ken for	The second secon	Address of the Park of the Par	niel/Executive manag	CONTRACTOR OF THE	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE I	ANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY
(Write in full)	(mm/dd	Historia Latina, an	NOMBER OF HOOKS	Supervisory/ Technical/etc)	(Write in full)
	From	To			
	-				
				bree 10	
	Maria Libertain				
and the second s	Y-12				
	ntinue on separate si	hoat if nacatear	vi dizament managari		CONTRACTOR OF THE PROPERTY OF
OTHER INFORMATION	inioe on separate si	The state of the s			
A STATE OF THE STA				the terror of	
. SPECIAL SKILLS and HOBBIES 32. NON	ACADEMIC DISTING (Write		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)
		- Interest to the second			
		Anne de la company	Carlotte Carlotte		
	-				
SIGNATURE (Con	tinue on separate sh	neet if necessary	DA		

	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia				
	Bureau or Department where you will be apppointed, 3. within the third degree?	☐ YES ☐	l NO		
	s. within the fourth degree / b. within the fourth degree (for Local Government Unit - Ca	YES NO			
	o. Within the fourth degree (for Local Government Onit - Ca	If YES, give details:	1110		
	the second consideration of the				
5.	a. Have you ever been found guilty of any administrative o	YES) NO		
			If YES, give details:		
			_		
	b. Have you been criminally charged before any court?		YES] NO	
		If YES, give details: Date Filed: Status of Case/s:			
	Harmon and have consisted of any aring assignation of	any law deeree entirence or regulation			
6.	Have you ever been convicted of any crime or violation of by any court or tribunal?	YES NO If YES, give details:			
17	Have you ever been separated from the service in any of t	he following modes: resignation			
	retirement, dropped from the rolls, dismissal, termination, of		☐ YES ☐ NO If YES, give details:		
	out (abolition) in the public or private sector?				
18.	a. Have you ever been a candidate in a national or local el Barangay election)?	YES NO			
			If YES, give details:		
	b. Have you resigned from the government service during election to promote/actively campaign for a national or local				
			If YES, give details:		
19,	Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES ☐ NO If YES, give details (country):		
			ii 165, give details (ountry).	
0.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	agna Carta for Disabled Persons (RA			
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972				
	Are you a member of any indigenous group?		YES	□ NO	
	Are you a person with disability?		If YES, please specify:	□ NO	
	Are you a person with disability:	If YES, please specify IC			
	Are you a solo parent?	☐ YES ☐ NO If YES, please specify ID No:			
			If YES, please specify IL) No:	
1.	REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)			
	NAME	ADDRESS	TEL. NO.	ID picture taken within	
				the last 6 months 3.5 cm. X 4.5 cm	
				(passport size)	
	·			With full and handwritten name tag and signature over printed name	
				Computer generated	
12.	I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of perting			or photocopied picture is not acceptable	
	Philippines. I authorize the agency head/authorized rep	resentative to verify/validate the contents	stated herein.	The Control of the Co	
	I agree that any misrepresentation made in this do	cument and its attachments shall caus	e the filing of	РНОТО	
	administrative/criminal case/s against me.				
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)				
P	LEASE INDICATE ID Number and Date of Issuance				
G	overnment Issued ID:				
ID	/License/Passport No.:	Signature (Sign Inside the bo	(xc		
D	ate/Place of Issuance:	Date Accomplished	TO SEE SPORT TO 13	Right Thumbmark	
_					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued go	overnment ID as indicated above.	
		Person Administering Oat	h		

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