



STUDENT TRAINEE'S PERSONAL HISTORY STATEMENT		"1x1" Picture
STUDENT INFORMATION		
LAST NAME:		FIRST NAME:
AGE:		MIDDLE NAME:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HEIGHT:	WEIGHT:	COMPLEXION:
DISABILITY (IF ANY)		
BIRTHDATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm dd yy)		BIRTHPLACE:
CITIZENSHIP:		CIVIL STATUS:
PRESENT ADDRESS:		TEL NO.:
PROVINCIAL ADDRESS:		TEL NO.:
Family Background (if parents are deceased, give data for the nearest relative and indicate relationship to applicant)		
FATHER'S NAME:		OCCUPATION:
MOTHER'S NAME:		OCCUPATION:
ADDRESS OF PARENTS:		TEL NO.:
GUARDIAN'S NAME:		TEL NO.:
SCHOOL INFORMATION		
PROGRAM:		YEAR LEVEL:
MAJOR:		LENGTH OF PROGRAM:
DEPARTMENT:		SCHOOL ADDRESS:
OJT COORDINATOR:		TEL NO.:
OJT DIRECTOR		TEL NO.:
DEAN:		TEL NO.:
In case of emergency, notify		
NAME:		RELATIONSHIP:
ADDRESS:		TEL NO.:
I hereby certify that the foregoing answers are true and correct to the best to my knowledge, belief and ability.		
Signed at: _____ Date: _____		
Applicant's Signature over Printed Name		