



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF INFORMATION AND  
COMMUNICATIONS TECHNOLOGY

## APPLICATION FORM

- ☐ **FIRST TAKE**  
☐ **1st RETAKE**  
☐ **2nd RETAKE**

Passport Size  
Picture with  
White Background

Instructions: Fill in all the required information. DO NOT leave an item blank. If the item is not applicable, Indicate "N/A". All applications must be filled PERSONALLY by the applicant.

<b>PERSONAL INFORMATION</b>				
SURNAME, GIVEN NAME, MIDDLE NAME (e.g. Dela Cruz, Juan Reyes)			MOBILE NUMBER (e.g. 09xxxxxxxx)	
COMPLETE ADDRESS (Street No., Brgy, Municipality/City, Province)			REGION	
PLACE OF BIRTH	DATE OF BIRTH (mm/dd/yyyy)	GENDER	CITIZENSHIP	CIVIL STATUS
PRESENT AGENCY / OFFICE ( DO NOT ABBREVIATE, IF STUDENT PUT N/A)				OFFICE CATEGORY
DESIGNATION / POSITION (DO NOT ABBREVIATE, IF STUDENT PUT N/A			EMAIL ADDRESS	
<b>EDUCATIONAL BACKGROUND</b>				
COLLEGE / UNIVERSITY (DO NOT ABBREVIATE)			COURSE (DO NOT ABBREVIATE)	
SCHOOL ADDRESS			YEAR GRADUATED (PUT N/A IF STUDENT)	
COURSE / TRAINING ATTENDED ( RELATED TO OFFICE PROD TOOLS)			TRAINING PROVIDER	TOTAL HOURS
<b>ADDITIONAL INFORMATION (CHECK ALL THAT APPLY):</b>				

- ☐ PWD      ☐ Senior Citizen      ☐ Solo Parent      ☐ Member of an IP Group

IMPORTANT: Per Section 2 (Declaration of Policy) of the Data Privacy Act of 2012, it is the policy of the State to protect the fundamental human right of privacy of communication while ensuring the free flow of information to promote innovation and growth. The State recognizes the vital role of information and communication technology in nation-building and its inherent obligation to ensure that personal information in information and communications systems in the government and in the private sector are secured and protected. As such, information collected from this form shall be held in strict confidence and shall only be used solely for record-keeping purposes. I hereby certify to the best of my knowledge and information, that these are true and correct. Any information found to be false is a ground for disqualification from taking the Proficiency Examination in the future.

SIGNATURE OF APPLICANT	DATE ACCOMPLISHED