



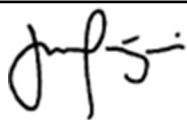
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF INFORMATION AND
COMMUNICATIONS TECHNOLOGY

APPLICATION FORM

☐ RETAKE
☒ FIRST TIMER

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.



PERSONAL INFORMATION				
SURNAME, GIVEN NAME, MIDDLE NAME (e.g. Dela Cruz, Juan Reyes) Balivia, Michael, Aplaon			MOBILE NUMBER (e.g. 09xxxxxxxx) 09274952562	
COMPLETE ADDRESS (Street No., Brgy, Municipality/City, Province) Tayum Street, Brgy. 4, Kabankalan City, Negros Occidental			REGION R6 - Western Visayas	
PLACE OF BIRTH Kabankalan City	DATE OF BIRTH (mm/dd/yyyy) 07/25/1994	GENDER (M/F) M	CITIZENSHIP Filipino	CIVIL STATUS Single
PRESENT AGENCY / OFFICE (DO NOT ABBREVIATE. IF STUDENT, PUT N/A) Central Philippines State University				OFF. CATEGORY Government
DESIGNATION / POSITION (DO NOT ABBREVIATE. IF STUDENT, PUT N/A) Information Systems Analyst II			EMAIL ADDRESS michaelbalivia@cpsu.edu.ph	
EDUCATIONAL BACKGROUND				
COLLEGE / UNIVERSITY (DO NOT ABBREVIATE) Fellowship Baptist College		SCHOOL ADDRESS Rizal St., Kabankalan, Negros Occidental		
COURSE (DO NOT ABBREVIATE) Bachelor of Science in Information Technology		YEAR GRADUATED (PUT N/A IF STUDENT) 2018		
COURSE / TRAINING TITLE (RELATED TO BASIC OFFICE PROD. TOOLS)		TRAINING PROVIDER		TOTAL HOURS
ADDITIONAL INFORMATION (CHECK ALL THAT APPLY):				
<input type="checkbox"/> PWD <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Solo Parent <input type="checkbox"/> 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 communications 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 07/17/2024		