## **APPLICATION FORM**

RETAKE FIRST TIMER

Passport Size Photo

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)				MOBILE NUMBER (e.g. 09xxxxxxxxx)	
COMPLETE ADDRESS (Street No., Brgy, Municipality/City, Province)				REGION	
PLACE OF BIRTH	DATE OF BIRTH (mm/dd/yyyy)		GENDER (M/F)	CITIZENSHIP	CIVIL STATUS
PRESENT AGENCY / OFFICE (DO NOT ABBREVIATE. IF STUDENT, PUT N/A)					OFF. CATEGORY
DESIGNATION / POSITION (DO NOT ABBREVIATE. IF STUDENT, PUT N/A)				EMAIL ADDRESS	
EDUCATIONAL BACKGROUND					
COLLEGE / UNIVERSITY (DO NOT ABBREVIATE)			SCHOOL ADDRESS		
COURSE (DO NOT ABBREVIATE)			YEAR GRADUATED (PUT N/A IF STUDENT)		
COURSE / TRAINING TITLE (RELATED TO BASIC OFFICE PROD. TOOLS)			TRAINING PROVIDER		TOTAL HOURS
ADDITIONAL INFORMATION (CHECK ALL THAT APPLY):					
Р	PWD	Senior Citizen	Solo Pare	ent Membe	r 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		