

Reference No.: BatStateU-FO-OJT-02

Effectivity Date: May 18, 2022

Revision No.: 02

STUDENT TRAINEE'S PERSONAL HISTORY STATEMENT

"1X1" PICTURE

Student Information			,
NAME:			
LAST	FIRST		MIDDLE
AGE:	SEX:	MALE	FEMALE
HEIGHT: WEIGHT:		COMPLEXION	N:
DISABILITY(IF ANY)			
BIRTHDATE: m m d d y y	BIRTHPLACE	i:	
CITIZENSHIP:	CIVIL STATU	S:	
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	J :
MOTHER'S NAME:		OCCUPATION:	
ADDRESS OF PARENTS:		TEL. NO.:	
GUARDIAN'S NAME:		TEL. NO.:	
SCHOOL INFORMATION			
PROGRAM:		YEAR LEVEL	:
MAJOR:		LENGTH OF I	PROGRAM:
DEPARTMENT:		SCHOOL ADDRESS:	
OJT COORDINATOR:		TEL. NO.:	
OJT HEAD:		TEL. NO.:	
DEAN:		TEL. NO.:	
In case of emergency, notify			
NAME:		RELATIONSHIP:	
ADDRESS:		TEL. NO.:	
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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			