

|  |
| --- |
| CANDIDATE’S INFORMATION SHEET |

ID picture

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: Answer each question clearly and completely.

# PERSONAL BACKGROUND

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  **Family Name First Name Middle Name** | | | Student ID No. |
| Permanent Address | | | Tel. No. |
| Contact Address | | | Tel. No. |
| SSS No. | T.I.N. | PAG-IBIG | Nationality |
| Date of Birth | Place of Birth | Age | Gender |
| Height | Weight | Civil Status | Religion |

# EDUCATIONAL BACKGROUND

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School & Address** | **From** | **To** | **Diploma/Degree & Honors Received** |
| Elementary |  |  |  |
| High School |  |  |  |
| College |  |  |  |
| Others (Specify) |  |  |  |

# GOVERNMENT AND COMPETETIVE EXAMS TAKEN

|  |  |  |
| --- | --- | --- |
| **Title of Examination** | **Date Taken** | **Rating** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

# AFFILIATIONS

|  |  |  |
| --- | --- | --- |
| **Name of Organization/Club/Society** | **Position** | **Inclusive Years** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

# FAMILY BACKGROUND

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Occupation** | **Name of Company/School** |
| Father |  |  |  |
| Mother |  |  |  |
| Siblings |  |  |  |
| Spouse |  |  |  |
| Children |  |  |  |

Contact Person in Case of Emergency

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH RECORD

1. Do you have physical defects or disabilities? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have any known allergies? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you currently under treatment for any

persistent illness? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INFORMATION

1. Will you be able to work in shifts? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you willing to be assigned anywhere

in Quezon City? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you willing to accept provincial

assignments? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been convicted of any crime? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_
2. When will you be able to start training after

qualifying for the Program? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_

### DECLARATION

I certify that the all the information stated herein are true, complete, and correct to the best of my knowledge. Permission is given to Informatics and/or the Industry Partner to make verifications if necessary. I understand that any misinterpretation or material omission made herein or any document requested by the aforementioned parties may result in the termination of my training and/or the withholding of my graduation from Informatics Computer Institute.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date