**CEBU TECHNOLOGICAL UNIVERSITY ON-THE-JOB TRAINEE INFORMATION SHEET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. PERSONAL DATA | | | | | |  | |
| First Name: |  | | | | |
| Last Nane: |  | | | | |
| Middle Name: |  | | | | |
| Course, Major, Yr & Sec. |  | | | | |
| Gender: | (\_\_) Male (\_\_)Female | | Age: | |  |
| Current Address: |  | | | | |
| Provincial Address: |  | | | | | | |
| Tel. No.: |  | | Mobile No.: | | |  | |
| Birth Date: |  | | Birth Place: | | |  | |
| Civil Status: |  | | Religion: | | |  | |
| Citizenship: |  | | Email Address: | | |  | |
|  | | | | | | | |
| B. FAMILY DATA | | | | | | | |
| Father: |  | | Occupation: | | |  | |
| Mother: |  | | Occupation: | | |  | |
|  | | | | | | | |
| C. HEALTH DATA | | | | | | | |
| Blood Type: |  | | Weight: | | |  | |
| Height: |  | | Health Problems: | | |  | |
|  | | | | | | | |
| D. SCHOLASTIC DATA | | | | | | | |
| PARTICULAR | COLLEGE | | VOCATIONAL | | | SECONDARY | |
| School: | **CEBU TECHNOLOGICAL UNIVERSITY** | |  | | |  | |
| Address: | **LAMACAN, ARGAO, CEBU** | |  | | |  | |
| Year Graduated: |  | |  | | |  | |
| Honors/Awards Received: |  | |  | | |  | |
|  | | | | | | | |
| E. WORK EXPERIENCES | | | | | | | |
| POSITION | INCLUSIVE DATE | | COMPANY | | | ADDRESS | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  | | | | | | | |
| F. SPECIAL SKILLS | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| G. CHARACTER REFERENCES (not related to you) | | | | | | | |
| Name | Position | | Address | | | Contact No. | |
| **RYAN H. TEO** | **INSTRUCTOR** | | **ARGAO, CEBU** | | |  | |
|  |  | |  | | |  | |
|  |  | |  | | |  | |
|  | | | | | | | |
| H. INCASE OF EMERGENCY, PLEASE NOTIFY: | | | | | | | |
| Name | Address | | | | | Contact No. | |
|  |  | | | | |  | |
|  | | | | | | | |
|  | | |  | | | | |
| I HEREBY CERTIFY that the above information | | | | |
| Comm. Tax Cert. No.: |  |  | is true and correct to the best of my knowledge | | | | |
| Issued At: |  |  | and belief. | | | | |
| Issued On: |  |  |  | | | | |
|  |  |  |  |  | | |  |
|  | | | Signature of Student-Trainee | | | | |

**PRE – OJT/ INDUSTRY IMMERSION**

**CONFERENCES/ORIENTATION/SEMINARS EVALUATION FORM**

(*to be accomplished by the trainee*)

Name of the Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_Venue :KALAMPUSAN GYM

Instruction: Kindly check the appropriate box to indicate your honest and objective evaluation of the activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **RATING** | | | | |
| **Excellent**  **5** | **Very Good**  **4** | **Good**  **3** | **Fair**  **2** | **Poor**  **1** |
| 1. Activities |  |  |  |  |  |
| 1. Time Allotted |  |  |  |  |  |
| 1. Materials/handouts |  |  |  |  |  |
| 1. Facilitators |  |  |  |  |  |
| 1. Resource Person/s |  |  |  |  |  |
| 1. Participants |  |  |  |  |  |
| 1. Venue |  |  |  |  |  |
| 1. Over-all Assessment |  |  |  |  |  |

**Comments/Suggestions:**

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