

Name: Rheemae M. Lalmgin

Position Applied: HR staff

Date: 7-24-2020

SCORE: 20 / 40 ITEMS

STATUS: PASSED FAILED

PART I

- |     | A                                | B                                | C                                | D                                |
|-----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1.  | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 2.  | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 3.  | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 4.  | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 5.  | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 6.  | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
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| 9.  | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| 10. | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
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| 12. | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 13. | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 14. | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| 15. | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |

PART II

- |     | A                                | B                                | C                                | D                                |
|-----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
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| 14. | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
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PART III

- |     | A                                | B                                | C                                | D                                |
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| 1.  | <input type="radio"/>            | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
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| 10. | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |