



APPLICATION FORM

☒ PROGRAMMING

☐ Retake

☒ First Time



Instructions: Fill in all the required information, DO NOT leave an item blank. If item is not applicable, Indicate "N/A".
All applications must be filled PERSONALLY by applicant.

| PERSONAL INFORMATION | | | | |
|--|--|---|--|-------------------------------------|
| SURNAME, GIVEN NAME, MIDDLE NAME MARQUEZ, EIJIEN FAJARDO | | | MOBILE NUMBER (e.g. 9XXXXXXXXX). 9677509130 | |
| COMPLETE MAILING ADDRESS (Street no., Brgy., Municipality / City, Province) ZONE 4, STO. ROSARIO STO. DOMINGO NUEVA ECIJA | | | E-MAIL ADDRESS eijien12@gmail.com | |
| PLACE OF BIRTH Cabanatuan City | DATE OF BIRTH (mm/dd/yyyy) 07/12/2002 | GENDER Male | CITIZENSHIP FILIPINO | CIVIL STATUS SINGLE |
| COLLEGIATE / TERTIARY EDUCATION (attach certified true copy of transcript of records) | | | | |
| UNIVERSITY / SCHOOL ATTENDED | | DEGREE EARNED | | INCLUSIVE YEARS Ex. 2019-present |
| NUEVA ECIJA UNIVERSITY OF SCIENCE AND TECHNOLOGY | | N/A | | 2020 - Present |
| N/A | | N/A | | N/A |
| N/A | | N/A | | N/A |
| IT TRAININGS / SEMINARS (related to chosen examination) | | | | |
| COURSE / SEMINAR TITLE | | TRAINING CENTER | | TOTAL TRAINING HOURS |
| N/A | | N/A | | 0.0 |
| N/A | | N/A | | 0.0 |
| EMPLOYMENT INFORMATION | | | | |
| PRESENT OFFICE (DO NOT ABBREVIATE THE NAME) N/A | | | TELEPHONE NUMBER / CONTACT NO. | |
| OFFICE ADDRESS N/A | | | OFFICE CATEGORY <input type="checkbox"/> Gov't <input type="checkbox"/> Private | |
| DESIGNATION / POSITION N/A | | | NO. OF YEARS IN PRESENT POSITION | |
| For Programming: Check the language that you will use in the exam. | | | | |
| <input type="checkbox"/> VISUAL BASIC 6.0 | | <input type="checkbox"/> C | | <input type="checkbox"/> C# |
| <input type="checkbox"/> VISUAL BASIC.NET | | <input checked="" type="checkbox"/> C++ | | <input type="checkbox"/> JAVA |
| ADDITIONAL INFORMATION: (Check all that apply) | | | | |
| <input type="checkbox"/> PWD <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Solo Parent <input type="checkbox"/> Member of an IP Group | | | | |
| <p>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 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 protect. As such, information collected from this form shall be held in strict confidence and shall only be used solely for records 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.</p> <p>***NON-APPEARANCE ON THE EXAM DATE, NO REFUND POLICY***</p> | | | | |
| SIGNATURE OF APPLICANT | | | DATE ACCOMPLISHED 03/01/2024 | |