

Reference No.: BatStateU-FO-OJT-02

Effectivity Date: May 7, 2021

Revision No.: 01

## STUDENT TRAINEE'S PERSONAL HISTORY STATEMENT

"1X1" PICTURE

Student Information						
NAME:						
LAST			FIRST		MIDDLE	
AGE:			SEX:	□ MALE	☐ FEMALE	
HEIGHT: WEIGHT:				COMPLEXION:		
DISABILITY(IF ANY)		,				
BIRTHDATE: BIR		BIR	ΓHPLACE:			
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CITIZENSHIP: CIVII			IL STATUS:			
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:			
MOTHER'S NAME:			OCCUPATION:			
ADDRESS OF PARENTS:				TEL. NO.:		
GUARDIAN'S NAME:				TEL. NO.:		
SCHOOL INFORMATION						
PROGRAM:				YEAR LEVEL:		
MAJOR:				LENGTH OF 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.:			
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						