□ PROGRAMMING



APPLICATION FORM

Retake First Time

PERSONAL INFORMATION SURNAME, GIVEN NAME, MIDDLE NAME TELEPHONE NUMBER COMPLETE MAILING ADDRESS E-MAIL ADDRESS PLACE OF BIRTH DATE OF BIRTH (mm/dd/yyyy) GENDER CITIZENSHIP Civil Status COLLEGIATE / TERTIARY EDUCATION (attach certified true copy of transcript of records) UNIVERSITY / SCHOOL ATTENDED INCLUSIVE YEARS DEGREE EARNED IT TRAININGS / SEMINARS (related to chosen examination) COURSE / SEMINAR TITLE TRAINING CENTER TOTAL TRAINING HOURS **EMPLOYMENT INFORMATION** PRESENT OFFICE TELEPHONE NUMBER OFFICE ADDRESS OFFICE CATEGORY ☐ Gov't ☐ Private DESIGNATION / POSITION NO. OF YEARS IN PRESENT POSITION For Programming: Check the language that you will use in the exam. VISUAL BASIC 6.0 □ C# VISUAL BASIC.NET JAVA

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

DATE ACCOMPLISHED

information found to be false is a ground for disqualification from taking the Proficiency Examination in the future.

NON-APPEARANCE ON THE EXAM DATE, NO REFUND POLICY

SIGNATURE OF APPLICANT