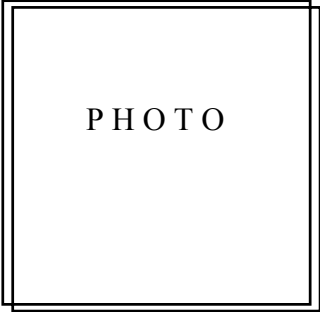


JOB APPLICATION FORM

Eligibility : _____
Field of Study : _____



Name: _____
 First Name Middle Name Family Name

Mailing Address: _____

_____ ☎No.: _____

1. Age ____ 2. Birth Date _____ 3. Place of Birth _____
4. Citizenship _____ 5. Religion _____
6. Home Address _____

7. Marital Status : Single Married Separated Widow
8. Name of Spouse _____
9. Spouse's Occupation/ Employer _____
10. No. of Children _____ 11. Their Ages _____

12. Father's Name	Occupation	Highest Educational Attainment
_____	_____	_____
13. Mother's Name	Occupation	Highest Educational Attainment
_____	_____	_____
14. Are your parents living?	Father _____	Mother _____

15. Please list all secondary schools, colleges, and universities attended. Enclose with this application official transcripts of college/university grades or records beyond secondary school level.

SECONDARY SCHOOLS, COLLEGES AND GRADUATE SCHOOLS ATTENDED	LOCATION	DATES ATTENDED		EDUCATIONAL ATTAINMENT/ DEGREE RECEIVED (State in Full)
		FROM	TO	

16. State major and minor fields of study and discuss your basis of selection.

17. Distinctions, Honors, and Awards (academic, extracurricular, business, community, or others) _____

18. College Extracurricular/Business or Community Activities or Involvement

Activities	Number of Years of Membership/Involvement	Position held ,if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Briefly describe your involvement in the activities listed in Item 18 and their importance to you. _____

20. Did you have part-time work while in college? If yes, describe it briefly.

21. Describe your avocations and hobbies:

22. Full-time Positions Held. List each position separately with most recent job first.
(Use additional sheet if necessary)

a. Employer _____
Nature of Business _____
Job Title _____
Employer's Address _____
Date Employed _____ Monthly Salary _____

Responsibilities _____

Reason for leaving _____

b. Employer _____
Nature of Business _____
Job Title _____
Employer's Address _____
Date Employed _____ Monthly Salary _____

Responsibilities _____

Reason for leaving _____

c. Employer _____
Nature of Business _____
Job Title _____
Employer's Address _____
Date Employed _____ Monthly Salary _____

Responsibilities _____

Reason for leaving _____

28. What is your vision of good government?

29. What are your future plans (family, career, etc.)?

30. Describe your health condition. Do you have any disability or illness at the present time? No Yes If yes, please explain.

31. Please provide the name(s) and address(es) of reference persons whom we can talk to, if necessary, about your qualifications.

Name of Reference Person

Name of Reference Person

Title of Position

Title of Position

Address

Address

Telephone

Telephone

32. *I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for dismissal from the government service, if hired.*

Signature: _____