

APPLICATION FORM & PERSONAL HISTORY STATEMENT

Photo taken not more than 6 months ago
3.5 cm x 4.5 cm (passport size)

INSTRUCTIONS (Print legibly. Mark appropriate boxes with [x])

1. Answer all questions completely. If question is not applicable, write "NA". Write "UNKNOWN" if you do not know the answer and cannot obtain the answer from personal records.
2. Print or write carefully in ballpen or fountain pen. Illegible or incomplete forms will have to be done over. Use additional sheets for extra details of any question for which you do not have sufficient space.
3. The correctness of all statements made here will be verified. Any deliberate omission or distortion of material facts may give sufficient cause for disapproval of application or denial of clearance.
4. Be as complete, honest and specific as possible in your responses.
5. Please attach a copy of your passport as well as that of spouse and children.

I. PERSONAL INFORMATION

1. SURNAME			15. CHANGE IN NAME (IF COURT ACTION, GIVE DETAILS)		
FIRST NAME					
MIDDLE NAME					
2. DATE OF BIRTH		3. AGE	16. HAIR	<input type="checkbox"/> Brown	<input type="checkbox"/> Black
4. PLACE OF BIRTH				Others specify	
5. SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female	17. PRESENT ADDRESS (Specify exact location of address including the Barangay)		
6. CIVIL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed			
	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	ZIP CODE		
7. RELIGION			18. TELEPHONE NO.		
DATE ACQUIRED	[mm/dd/yyyy]		19. PROVINCIAL ADDRESS		
8. CITIZENSHIP HOW ACQUIRED (Specify also if Dual Citizen/Immigrant Status/Green Card Holder)			ZIP CODE		
9. BLOOD TYPE	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O		20. TELEPHONE NO.		
10. HEIGHT			21. E-MAIL ADDRESS		
	(cm)		22. MOBILE PHONE NO.		
11. WEIGHT			23. PHILHEALTH NO.		
	(kg)		24. GSIS POLICY NO.		
12. BUILT	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	25. TIN		
	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large	26. PAG-IBIG NO.		
13. COMPLEXION	<input type="checkbox"/> Light	<input type="checkbox"/> Fair	27. SSS NO.		
	<input type="checkbox"/> Brown	<input type="checkbox"/> Dark	28. DISTINGUISHING FEATURES		
14. EYES	<input type="checkbox"/> Brown	<input type="checkbox"/> Black	29. DRIVER'S LICENSE (If Any)	Date of issuance:	
	Others specify			Date of Expiration:	

II. FAMILY:

30. SPOUSE/ PROSPECTIVE SPOUSE

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> PROSPECTIVE SPOUSE	DATE OF BIRTH	[mm/dd/yyyy]
NAME		DATE OF MARRIAGE	[mm/dd/yyyy]
		TELEPHONE NO.	
ADDRESS		OCCUPATION	
		BUSINESS ADDRESS	
CITIZENSHIP (Specify also if Dual Citizen/Immigrant Status/Green Card Holder)		EMPLOYER	

ADDITIONAL QUESTIONS

31. WHEN AND WHERE DID YOUR FIRST MARRIAGE TAKE PLACE?	
32. WHAT IS THE NAME OF YOUR FORMER SPOUSE?	
33. HOW MANY CHILDREN DID YOU HAVE?	
34. WHAT IS THE CAUSE OF FAILURE OF YOUR FIRST MARRIAGE?	
35. DID YOU HAVE A SECOND MARRIAGE? WHEN AND WHERE?	
36. HAVE YOU APPLIED FOR ANNULMENT/ NULLITY OF MARRIAGE?	

(Continue on separate sheet, if necessary)

37. CHILDREN OR DEPENDENTS

List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

NAME	DATE OF BIRTH (mm/dd/yyyy)

(Continue on separate sheet, if necessary)

38. PARENTS

NAME OF FATHER		NAME OF MOTHER	
OCCUPATION		OCCUPATION	
PARENTS' ADDRESS			
CITIZENSHIP (Specify also if Dual Citizen/ Immigrant Status/Green Card Holder)			

39. IN-LAWS

NAME OF FATHER-IN-LAW		NAME OF MOTHER-IN-LAW	
OCCUPATION		OCCUPATION	
PARENTS-IN-LAW'S ADDRESS			
CITIZENSHIP (Specify also if Dual Citizen/Immigrant Status/Green Card Holder)			

40. BROTHERS AND SISTERS

List all living siblings, including half-siblings, step siblings, foster siblings, their home and work address, etc.

NAME	DATE OF BIRTH [mm/dd/yyyy]	CIVIL STATUS	OCCUPATION	ADDRESS

(Continue on separate sheet, if necessary)

41. RELATIVES IN THE AGENCY AND OTHER GOVERNMENT SERVICES						
NAME		RELATIONSHIP	POSITION	OFFICE AND ADDRESS		
(Continue on separate sheet, if necessary)						
42. RECOMMENDED BY AND/OR CONTACT PERSON IN THE AGENCY			UNIT	DESIGNATION		
III. EDUCATIONAL BACKGROUND (If undergraduate, indicate year level completed)						
43. LEVEL	NAME OF SCHOOL AND ADDRESS (WRITE IN FULL)	DEGREE/ COURSE (WRITE IN FULL) AND INDICATE IF GRADUATED	HIGHEST GRADE/LEVEL/ UNITS EARNED IF NOT GRADUATED	INCLUSIVE DATES OF ATTENDANCE		ACADEMIC HONORS RECEIVED
				FROM	TO	
PRE-SCHOOL						
ELEMENTARY						
SECONDARY						
VOCATIONAL/ TRADE COURSE						
TERTIARY						
POST-GRADUATE						
IV. EMPLOYMENT HISTORY						
Chronological History of Employment since 18 th birthday. Account for all periods. Include all work experiences, regardless of nature and period, both local and foreign						
44. INCLUSIVE DATES		POSITION HELD (Write in full)	EMPLOYER (Write in full)	EMPLOYER'S ADDRESS (Write in full)	CAUSE OF SEPARATION	
FROM [mm/dd/yyyy]	TO [mm/dd/yyyy]					
45. IF SELF EMPLOYED, NATURE OF BUSINESS/SOURCE OF INCOME			DATE ESTABLISHED			

46. FOR RETIRED MILITARY PERSONNEL					
DATE ENTERED MILITARY ACTIVE SERVICE		DATE OF RETIREMENT		NUMBER OF YEARS OF ACTIVE MILITARY SERVICE	
V. ACTIVE PHILIPPINE OR FOREIGN MILITARY SERVICE					
47. COUNTRY		HIGHEST RANK		ASN	
(Continue on separate sheet, if necessary)					
48. MILITARY HISTORY (INCLUDING CADETSHIP WITH MILITARY OR POLICE ACADEMIES)					
DATE	RANK		POSITION		UNIT
(Continue on separate sheet, if necessary)					
VI. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS					
List names and addresses of all clubs, societies, employees groups, organizations, homeowners associations whether elected or appointed including NGO membership of any kind (or membership/support in any organization having headquarters or branch in a foreign country) to which you belong or have belonged					
49. NAME	AFFILIATION WITH OTHER ORGANIZATIONS	PERIOD OF MEMBERSHIP		POSITION	ADDRESS
		FROM	TO		
(Continue on separate sheet, if necessary)					
VII. CHARACTER REFERENCES					
List of at least 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.					
50. NAME	COMPLETE HOME AND BUSINESS ADDRESS/ OTHER CONTACT DETAILS (INDICATE NUMBER, STREET, VILLAGE/BARANGAY/CITY/MUNICIPALITY)				LENGTH/ NATURE OF ACQUAINTANCES
(Continue on separate sheet, if necessary)					

VIII. OTHER QUALITIES AND FITNESS/INFORMATION			
51. LANGUAGE(S) AND DEGREE OF PROFICIENCY			
52. SPECIAL SKILLS/ HOBBIES			
SPORTS			
53. HONORS AND AWARDS			
54. PUBLICATIONS AND INVENTIONS			
55. PHYSICAL HANDICAP OR DISABILITY			
CIVIL SERVICE ELIGIBILITIES/ GOVERNMENT EXAMINATIONS TAKEN			
56. TYPE	RATING	DATE ACQUIRED	
(Continue on separate sheet, if necessary)			
IX. FINANCIAL BACKGROUND			
INCOME AND EXPENSES			
57. FROM YOUR EMPLOYER(S), WHAT IS YOUR TAKE-HOME MONTHLY INCOME?			
58. DO YOU HAVE INCOME OTHER THAN FROM YOUR SALARY OR WAGES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is "Yes", How much?	
59. ESTIMATE YOUR MONTHLY LIVING EXPENSES, INCLUDE HOUSING, UTILITIES, CREDIT CARDS OR OTHER LOAN PAYMENTS, FOOD, GAS AND CAR MAINTENANCE, ENTERTAINMENT, ETC., AS WELL AS ANY OTHER OBLIGATION(S) YOU MAY HAVE.			
ASSETS			
60. HOME OWNERSHIP	<input type="checkbox"/> OWNED <input type="checkbox"/> MORTGAGED <input type="checkbox"/> RENTED – (P /month) <input type="checkbox"/> LIVING WITH RELATIVES		
YEARS OF STAY			
61. REAL PROPERTY DESCRIPTION/VALUE	65. INVESTMENTS DESCRIPTION/VALUE		
62. PERSONAL PROPERTY DESCRIPTION/VALUE	66. BANK DEPOSITS		
63. PENSION OR ANNUITY FROM GOVERNMENT	67. RECEIVABLES		
64. OTHER SAVINGS	68. INCOME FROM ALL SOURCES		
69. ACTIVE CREDIT CARDS OWNED			
CARD COMPANY	DATE ISSUED	CREDIT LIMIT	DATE OF EXPIRATION
LIABILITIES			
70. ACCOUNTS PAYABLE (MORTGAGE, LOANS, INSURANCE, ETC)			
71. EXPENSES (YEARLY)			
72. NET INCOME (YEARLY INCOME FROM ALL SOURCES LESS YEARLY EXPENSES)			

X. RESIDENCE(S) OF MORE THAN SIX (6) MONTHS DURATION SINCE BIRTH		
73. INCLUSIVE DATES [mm/dd/yyyy]		COMPLETE ADDRESS
FROM	TO	

(Continue on separate sheet, if necessary)

XI. TRAVEL ABROAD:			
74. INCLUSIVE DATES [mm/dd/yyyy]		PLACE	PURPOSE
FROM	TO		

(Continue on separate sheet, if necessary)

75. PASSPORT NO.		ISSUED AT		ISSUED ON	
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PLEASE ATTACH A COPY OF YOUR LATEST PASSPORT AS WELL AS THAT OF SPOUSE AND CHILDREN

XII. MEDICAL RECORDS:	
ATTENDING PHYSICIAN(S)	ADDRESS

(Continue on separate sheet, if necessary)

XIII. MISCELLANEOUS INFORMATION:	
76. ARE YOU, OR HAVE YOU BEEN A MEMBER OF OR AFFILIATED WITH THE FOLLOWING ORGANIZATIONS INCLUDING INTERNATIONAL ASSOCIATION OR ANY OTHER GROUPS TO INCLUDE PARTICULAR MEMBERS/ ASSOCIATES/ PERSONALITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> CPP/NPA/NDF <input type="checkbox"/> ABU SAYYAF GROUP
	<input type="checkbox"/> MNLF <input type="checkbox"/> KIDNAP FOR RANSOM GROUP
	<input type="checkbox"/> MILF <input type="checkbox"/> OTHERS →
IF SO, GIVE DETAILS AS TO WHAT PARTICULAR GROUPS, WHEN JOINED AND/OR LEFT, POSITION ATTAINED AND NAME OF CLOSE ASSOCIATES:	
77. GIVE THE SAME INFORMATION DESIRED ON 76 ABOVE FOR ANY MEMBER OF YOUR FAMILY OR RELATIVES BY BLOOD OR MARRIAGE UP TO THE THIRD DEGREE	
78. HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OF LAW, OTHER THAN TRAFFIC VIOLATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "YES", give details of the offense
79. HAVE YOU EVER BEEN CHARGED WITH ANY CRIME OR VIOLATION OF ANY LAW, DECREE, ORDINANCE OR REGULATIONS IN ANY COURT OR TRIBUNAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "YES", give details of the offense
80. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR VIOLATION OF ANY LAW, DECREE, ORDINANCE OR REGULATIONS IN ANY COURT OR TRIBUNAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "YES", give details of the offense

ALL INFORMATION PROVIDED WILL BE TREATED WITH CONFIDENTIALITY.

81. HAVE YOU EVER BEEN CHARGED WITH ANY ADMINISTRATIVE OFFENSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer is "YES", give details of the offense
82. HAVE YOU EVER BEEN DECLARED GUILTY OF ANY ADMINISTRATIVE OFFENSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer is "YES", give details of the offense
83. HAVE YOU EVER BEEN FORCED TO RETIRE/RESIGN OR BE DROPPED FROM EMPLOYMENT IN THE PUBLIC OR PRIVATE SECTOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer is "YES", give reasons
84. ARE YOU WILLING TO SUBMIT YOURSELF VOLUNTARILY TO POLYGRAPH TEST IN THE CONDUCT OF ADMINISTRATIVE/ SECURITY INVESTIGATION OR IN LIKE MANNER ANY INVESTIGATION ON ACTIONS RELATIVE TO YOUR OFFICIAL FUNCTIONS AND ALL OTHER ACTIONS INVOLVING THE AGENCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer is "NO", give reasons
85. DO YOU DRINK INTOXICANT(S)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what kind and to what extent?
86. DO YOU TAKE PROHIBITED DRUGS OR ANY ILLEGAL SUBSTANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what kind and to what extent?
87. HAVE YOU EVER BEEN INVOLVED IN ANY ILLEGAL DRUG ACTIVITIES SUCH AS BUT NOT LIMITED TO TRAFFICKING?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer is "YES", give details
88. HAVE YOU EVER BEEN HOSPITALIZED OR TREATED FOR ANY MENTAL OR NEUROLOGICAL DISORDER?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" explain fully as to the nature of sickness, length of confinements, treatments received, etc.
89. IS YOUR SPOUSE WORKING ABROAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where?
90. DOES YOUR SPOUSE HAVE AN APPLICATION FOR PETITION ABROAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, when and where did s/he apply?
91. ARE YOU APPLYING FOR PETITION ABROAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, when and where did you apply?
XIV. QUESTIONS		
92. DESCRIBE/IDENTIFY YOUR JOB QUALIFICATIONS		
93. WHY DO YOU FEEL QUALIFIED FOR THE JOB/POSITION?		
94. HOW MUCH COMPENSATION DO YOU THINK IS COMMENSURATE WITH THE JOB/POSITION YOU ARE APPLYING FOR?		
95. HOW LONG WOULD YOU LIKE TO STAY IN THIS JOB AND WHY?		
96. ARE YOU WILLING TO UNDERGO A TEMPORARY EMPLOYMENT WITH DUE COMPENSATION IN CASE YOU QUALIFY FOR THIS POSITION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain your answer
97. ARE YOU WILLING TO WORK ABROAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is "No", explain your answer
98. ARE YOU WILLING TO WORK ANYWHERE IN THE PHILIPPINES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is "No", explain your answer

99. ARE YOU WILLING TO UNDERGO A SERIES OF COMPETITIVE WRITTEN, ORAL AND/OR PERFORMANCE TEST?	[] Yes [] No If the answer is "No", explain your answer		
100. ARE YOU WILLING TO BE SUBJECTED TO A BACKGROUND INVESTIGATION?	[] Yes [] No If the answer is "No", explain your answer		
101. ARE YOU PRESENTLY EMPLOYED?	<table border="1"> <tr> <td data-bbox="805 264 1040 376">[] Yes [] No</td> <td data-bbox="1049 264 1550 376">WHAT IS YOUR MONTHLY INCOME?</td> </tr> </table>	[] Yes [] No	WHAT IS YOUR MONTHLY INCOME?
[] Yes [] No	WHAT IS YOUR MONTHLY INCOME?		
102. ARE YOU APPLYING ALSO IN OTHER GOVERNMENT OR PRIVATE AGENCY ASIDE FROM THIS OFFICE?	[] Yes [] No If "Yes", list the Agency or office		
103. ARE YOU A RETIRED GOVERNMENT EMPLOYEE/ RETIRED MILITARY PERSONNEL?	[] Yes [] No		
104. WHAT PARTICULAR AGENCY/ BRANCH OF SERVICE?			
105. WHAT IS THE MODE OF YOUR RETIREMENT (COMPULSORY OR OPTIONAL) AND THE EFFECTIVE DATE?			
106..WHAT IS YOUR LAST POSITION/DESIGNATION AND JOB DESCRIPTION PRIOR TO YOUR RETIREMENT?			
107. WHY DO YOU WANT TO WORK WITH THE AGENCY?			

108. COPY EXACTLY THE FOLLOWING PARAGRAPH IN YOUR OWN HANDWRITING.

As Luis F. Repazo II of 105th Xavier Ave., guzzled his way through three bottles of brandy, Josephine Z. Quinsing, a partner in the law firm of San Diego and Ballesteros, located at 2879 Valley Forge St., Quezon City, turned to Richard Ting Sr., a Chinese food expert from Q.W. Kwantung Company, Ltd., 36 Hadji Jairula Hussein Blvd., and said "I can't speak for my government but I'm quite sure your country and mine better get together for close understanding."

(Continue on separate sheet)

SKETCH OF RESIDENCE (IF NEEDED ADDITIONAL SHEET OF PAPER OR ANOTHER PAGE/LAST PAGE. IF POSSIBLE INDICATE AT LEAST TWO (2) PROMINENT LANDMARKS GOING TO AND FROM THE EXACT LOCATION/ ADDRESS OF THE SUBJECT.)

(Continue on separate sheet)

109. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS PERSONAL DATA SHEET HAS BEEN ACCOMPLISHED IN GOOD FAITH, VERIFIED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT PURSUANT TO THE PROVISIONS OF PERTINENTS LAWS, RULES AND REGULATIONS OF THE REPUBLIC OF THE PHILIPPINES.

I ALSO AUTHORIZE THE AGENCY HEAD/ AUTHORIZED REPRESENTATIVE TO VERIFY/ VALIDATE THE CONTENTS STATED HEREIN. I UNDERSTAND THAT ANY PERSONAL CIRCUMSTANCES SHALL BE INVESTIGATED ON THE BASIS OF MY DECLARATION HEREIN. I THERFORE EXONERATE THE NICA OR ITS PERSONNEL FROM ANY LIABILITY THAT MAY ARISE DURING THE COURSE OF INVESTIGATION. I ALSO UNDERSTAND THA ANY MISREPRESENTATION OF THIS AF/PHS SHAL BE GROUND FOR THE OUTRIGHT NON - CONSIDERATION OF MY APPLICATION AND MY NON - ADMISSION IN THE AGENCY

SIGNATURE OF PERSON ACCOMPLISHING THIS FORM	
PLACE AND DATE ACCOMPLISHED	
COMMUNITY TAX CERTIFICATE NO./ PLACE AND DATE ISSUED	

Photo taken not more than
6 months
3.5 cm x 4.5 cm
(passport size)

Left Thumbmark

Subscribed and sworn to before me this ____ day of _____ at _____

Right Thumbmark

ADMINISTERING OFFICER