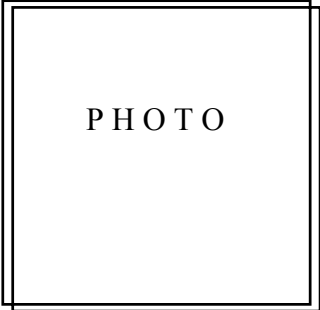


# JOB APPLICATION FORM

**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.

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

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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. \_\_\_\_\_

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

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21. Describe your avocations and hobbies:

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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 \_\_\_\_\_

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Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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

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Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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

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Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_



26. Please describe a situation in which you felt you had some responsibility. This situation may be taken from family, school, business, community, or military life. Describe how this situation developed, your involvement or participation in it, the outcome, and what you learned from this experience.

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27. Please explain why you would like to work in the government.

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28. What is your vision of good government?

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

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

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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: \_\_\_\_\_