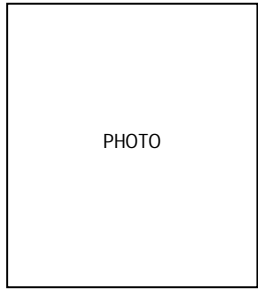


# PERSONAL INFORMATION SHEET

"Human Resource Intervention for Sustainable Growth and Competitiveness of the M & E Sector: Development and Implementation of Appropriate Training Curriculum Design for CNC Machine Tool Programming and Operations" Project  
Metals Industry Research and Development Center



<b>I. PERSONAL INFORMATION</b>			
SURNAME			
FIRST NAME			
MIDDLE NAME		NAME EXTENSION (e.g. Jr., Sr.)	
DATE OF BIRTH (mm/dd/yyyy)		RESIDENTIAL ADDRESS	
PLACE OF BIRTH		ZIP CODE	
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		TELEPHONE NO. / CP #
CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Others, specify _____	PERMANENT ADDRESS	
CITIZENSHIP		ZIP CODE	
HEIGHT (m)			TELEPHONE NO. / CP #
WEIGHT (kg)			
BLOOD TYPE			
SSS NO.		TIN	
<b>II. FAMILY BACKGROUND</b>			
SPOUSE'S SURNAME		NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			/ /
MIDDLE NAME			/ /
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
FATHER'S NAME			/ /
Occupation			/ /
MOTHER'S NAME			/ /
Occupation			/ /

**III. EDUCATIONAL BACKGROUND**

LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY							
SECONDARY							
VOCATIONAL/ TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

**IV. WORK EXPERIENCE (Include private employment. Start from your current work)**

INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	COMPANY (Write in full)	MONTHLY SALARY	STATUS OF APPOINTMENT
From	To				

*(continue on separate sheet if necessary)*

**V. TRAINING PROGRAMS (Start from the most recent training)**

TITLE OF SEMINAR/CONFERENCE/WORKSHOP/ SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)	NUMBER OF HOURS	CONDUCTED/SPONSORED BY (mm/dd/yyyy)

*(continue on separate sheet if necessary)*

**VI. OTHER INFORMATION**

SPECIAL SKILLS/HOBBIES	NON-ACADEMIC DISTINCTIONS/RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION OR ORGANIZATION (Write in full)

**VII. REFERENCES**

NAME	ADDRESS	TEL. NO.

I certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief.  
I hereby certify under pain of perjury that my signature and thumbmarks appearing herein are genuine and authentic.

\_\_\_\_\_  
Signature of Applicant over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Tax Certificate No.

\_\_\_\_\_  
Issued at

\_\_\_\_\_  
Issued on (mm/dd/yyyy)



Left Thumbmark



Right Thumbmark