



Republic of the Philippines  
 Department of National Defense  
**PHILIPPINE VETERANS AFFAIRS OFFICE**  
 Veterans Compound, Camp General Emilio Aguinaldo, Quezon City

### JOB APPLICATION FORM

POSITION			
<b>1. Position Title/s</b>			
<b>2. Item Number/s</b>			
PERSONAL INFORMATION			
<b>3. Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>4. Current Address</b>			
<b>5. Permanent Address</b>			
<b>6. Telephone Number</b>	<b>7. Email Address</b>	<b>8. Birthday</b>	<b>9. Birthplace</b>
<b>10. Marital Status</b>			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er			
<b>11. Name of Spouse</b>			
<b>12. Spouse Occupation/Employer</b>			<b>13. No of Children</b>
<b>14. Name of Father</b>		<b>Occupation</b>	

<b>15. Name of Mother</b>	<b>Occupation</b>
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<b>EDUCATION</b>			
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<b>16. Name of School</b>	<b>Date Attended</b>	<b>Did you graduate? If not, indicate no. of units earned</b>	<b>Course/Degree Received/Units Earned</b>

<b>AWARDS/RECOGNITIONS</b>		
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Enumerate awards and recognitions received

<b>17. Organization/Institution</b>	<b>Award/Recognition</b>	<b>Year</b>

Involvement in Academic/Community/ Social Organizations or Related Activities		
18. Organization/Activity	No. of years of involvement	Position held if any
<p>19. Briefly describe your involvement in the activities listed above and their importance to you.</p>          		
<p>20. Did you have part time work while in college? If yes, describe it briefly.</p>          		

21. Tell us about your interests and hobbies

**WORK EXPERIENCE**

22. Include all work experiences, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Include supervisory responsibilities and the number of employees supervised. Go in as much detail as possible for work experience that directly relates to the position you are applying for. *(Use additional sheets/pages, as needed)*

**22a. WORK EXPERIENCE**

**Position/Job Title**

From	To	Monthly Salary	No. of Working Hours per Week

<b>Employer's Name and Address</b>	<b>Supervisor's Name and Contact Information</b>		
	Name:		
	Phone Number:		
	Email Address:		

**Were you a supervisor in this position?**

Yes       No

**If yes, how many people did you supervise?**

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving

**22b. WORK EXPERIENCE**

Position/Job Title

From	To	Monthly Salary	No. of Working Hours per Week

Employer's Name and Address	Supervisor's Name and Contact Information
	Name:
	Phone Number:
	Email Address:

Were you a supervisor in this position?

Yes       No

If yes, how many people did you supervise?

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving

**22c. WORK EXPERIENCE**

Position/Job Title

From	To	Monthly Salary	No. of Working Hours per Week

Employer's Name and Address	Supervisor's Name and Contact Information
	Name:
	Phone Number:
	Email Address:

Were you a supervisor in this position?

Yes       No

If yes, how many people did you supervise?

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving

**22d. WORK EXPERIENCE**

Position/Job Title

From	To	Monthly Salary	No. of Working Hours per Week

Employer's Name and Address	Supervisor's Name and Contact Information
	Name:
	Phone Number:
	Email Address:

Were you a supervisor in this position?

Yes       No

If yes, how many people did you supervise?

Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving

**22e. WORK EXPERIENCE**

Position/Job Title

From	To	Monthly Salary	No. of Working Hours per Week

Employer's Name and Address	Supervisor's Name and Contact Information
	Name:
	Phone Number:
	Email Address:

Were you a supervisor in this position?

Yes       No

If yes, how many people did you supervise?



Describe your major duties/responsibilities and accomplishments.

Reason(s) for Leaving

**22f. WORK EXPERIENCE**

Position/Job Title

From	To	Monthly Salary	No. of Working Hours per Week

Employer's Name and Address	Supervisor's Name and Contact Information
	Name:
	Phone Number:
	Email Address:

Were you a supervisor in this position?

Yes       No

If yes, how many people did you supervise?



24. Please make a candid self-assessment of what you consider to be your strengths and areas of improvement.

25. Briefly describe what you believe to be your three most substantial accomplishments and explain why you view them as such.

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.

27. Please explain why you would like to work at PVAO.

28. What is your vision of good government?

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

30. Have you ever been charged with any criminal and/or administrative case or forced to resign from employment?

If yes, please explain the circumstances.

31. Describe your health condition. Do you have any disability or illness at the present time?

If yes, please explain the circumstances.

33. Do you have veteran relatives within the third degree of consanguinity and/or affinity?

If yes, indicate the name(s)

34. Are you related to any current or former PVAO employee within the fourth degree of consanguinity and/or affinity?

If yes, indicate the name(s)

35. Are you a PVAO scholar?

If yes, indicate the period of avilment of the Educational Benefit.

**36. REFERENCES**

List three (3) references who are not relatives who can speak knowledgeably of your work performance. For fresh graduates, professors can serve as referees.

Name	Occupation/Position	Address	Contact Details (Telephone Number or Email Address)

**SIGNATURE AND CERTIFICATION**

*I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for termination/dismissal after I begin work. I understand that any information I voluntarily provide on or attached to this application may be investigated.*

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

Continuation (Use when necessary)

22. WORK EXPERIENCE			
Position/Job Title			
From	To	Monthly Salary	No. of Working Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name:	
		Phone Number:	
		Email Address:	
Were you a supervisor in this position?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how many people did you supervise?			
Describe your major duties/responsibilities and accomplishments.			
Reason(s) for Leaving			

22. WORK EXPERIENCE			
Position/Job Title			
From	To	Monthly Salary	No. of Working Hours per Week
Employer's Name and Address		Supervisor's Name and Contact Information	
		Name:	
		Phone Number:	
		Email Address:	
<p>Were you a supervisor in this position?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p>If yes, how many people did you supervise?</p>			
<p>Describe your major duties/responsibilities and accomplishments.</p>			
<p>Reason(s) for Leaving</p>			

