

DATE LAST TAKEN:

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 (mm / dd / yyyy)

DATE OF EXAM:

12	10	2006
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 (mm / dd / yyyy)

PLACE OF EXAM: _____

TITLE OF EXAMINATION LAST TAKEN

Penology Officer Examination

TITLE OF EXAMINATION APPLIED FOR

[READ THE EXAMINATION ANNOUNCEMENT. DO NOT APPLY IF YOU ARE NOT QUALIFIED]

1. APPLICANT'S NAME (PRINT IN CAPITAL LETTERS)

2. AGE: _____

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (M.I.) (Name Extension, e.g. Jr., Sr., III)

3. APPLICANT'S MAIDEN NAME:

(For Married Women) (FIRST NAME) (MIDDLE NAME) (LAST NAME)

4. COMPLETE MAILING ADDRESS

Zip Code

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Tel. No.: _____

Cell. No.: _____

5. CIVIL STATUS: _____ **6. SEX:** Male _____ Female _____ **7. HEIGHT (m.)** _____ **8. WEIGHT (k.)** _____

9. BIRTHDATE:

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 (mm dd yyyy)

10. BIRTHPLACE : _____
 (City / Town / Province)

11. CITIZENSHIP: _____

12. HIGHEST EDUCATIONAL ATTAINMENT:

Level of Education	Course/Degree (If Graduated) (Write in full)	Highest Grade/Year/Level/Units Earned (If Not Graduated)	School Attended/Address	Inclusive Years Of Attendance		Academic Honors Received
				FROM	TO	

13. PRESENT EMPLOYMENT

Government **Private**

AGENCY/OFFICE/ADDRESS	POSITION LEVEL/ SALARY GRADE/ RANK (for PNP/AFP)	POSITION	LENGTH OF EXPERIENCE IN PRESENT POSITION	STATUS OF APPOINTMENT/ EMPLOYMENT

14. CIVIL SERVICE/BOARD/BAR/EXAMINATIONS PASSED (Use separate sheet if necessary)

	Rating	Date of Examination	Place of Examination

15. Have you ever been dismissed from the service for cause, or found guilty of crime involving moral turpitude, or of infamous, disgraceful or immoral conduct, drunkenness or addiction to drugs, or of offense relative to or in connection with the conduct of a civil service examination? YES [] NO [] If YES, attach copy/ies of decisions.

16. Have you passed the same examination? YES [] NO []

I declare under oath that this application has been accomplished by me 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 pertinent laws, rules and regulations of the Republic of the Philippines.

I likewise agree that I will subject myself to a validating examination in case the test results in my place of examination are statistically improbable.

Date: _____
 O.R. No. _____
 Amount: _____
 Printed Name and Signature of Collecting Officer _____

 Signature of Applicant



Right Thumbmark

Subscribed and sworn to before me this _____ day of _____ 20 _____.

 ADMINISTERING OFFICER
 (Signature above Printed Name)

 OFFICE/POSITION

Recently taken
 Passport Size Photo
 w/ Name Tag
 (Full Name)
 [1 1/2" x 2"]
 (taken within 3 mos)
Scanned/Digitally-
Imaged/Photocopied
 picture not accepted

(Do not fill-up this portion. For Processor/s only)
 ACTION TAKEN: APPROVED [] DISAPPROVED [] DATE _____

 Printed Name and Signature of Processor

Date: _____
 O.R. No. _____
 Amount: _____
 Printed Name and Signature of Collecting Officer _____

APPLICATION RECEIPT

Application No. _____

Received the application for the **Penology Officer Examination**

TIME: **7:00 am** Printed Name of Processor: _____

DATE: **December 10, 2006** Signature of Processor: _____

PLACE: _____ Date Received/Processed: _____

Applicant's Printed Name: _____
Birthdate: _____ Sex: _____
Signature: _____

Recently taken
 Passport Size Photo
 w/ Name Tag
 (Full Name)
 [1 1/2" x 2"]
 (taken within 3 mos)
Scanned/Digitally-
Imaged/Photocopied
 picture not accepted

WARNING: Impersonation, cheating and other forms of examination irregularity would lead to dismissal from government service, perpetual disqualification from taking civil service examinations and from entering government service and/or imprisonment.

- Please see Back Page for Other Important Examination Information -

DECLARATION:

1. Have you taken the Career Service Professional Examination?
 YES [] NO [] If YES, please proceed to No. 2.

2. How many times have you taken the CS Professional Examination?
 once 2x 3x 4x more than 4x Dates of Exam: _____

3. Reasons for taking the Penology Officer Examination: _____

4. Have you attended review classes in preparation for the examination? _____
 If YES, what Review Center? / Who conducted the Review _____

I declare that the abovementioned information are true and correct to the best of my knowledge and belief. I understand that the acceptance of my application for the examination is based on the abovesited declaration.

I therefore agree that in case my application is approved based on the declaration made and post verification of the information supplied yields information contrary to what is declared, my application shall be disapproved and my payment forfeited.

Done this _____ day of _____, 20_____.

APPLICANT
(Signature over Printed Name)

OTHER INFORMATION:

1. Pursuant to (a) *Indigenous People's Act (RA 8371)*; and (b) *Magna Carta for Disabled Persons (RA 7277)*, please answer the following items:
 a) Are you a member of any indigenous group? YES [] NO []
 If YES, please specify: _____
 b) Are you differently abled? YES [] NO []
 If YES, please specify: _____

2. Are you willing to work in other Government Agency? YES [] NO []

3. If YES, list three (3) preferred Government Agencies: _____ Area or Region
 a) _____
 b) _____
 c) _____

4. Preferred Position: _____ Preferred Salary: _____

IMPORTANT

FOR APPLICANTS OF PENOLOGY OFFICER EXAM

IF YOU FAIL TO RECEIVE YOUR NOTICE OF ASSIGNMENT ONE [1] WEEK BEFORE THE EXAMINATION, PLEASE VISIT OR CALL THE REGIONAL OFFICE WHERE YOU FILED YOUR APPLICATION TO INQUIRE ABOUT YOUR SCHOOL ASSIGNMENT. **FAILURE TO COME ON YOUR SCHEDULED EXAMINATION WILL MEAN FORFEITURE OF EXAMINATION FEE AND SLOT.**

BRING THE FOLLOWING ON EXAMINATION DAY

1. This Application Receipt
 2. One [1] blue or black ballpen
 3. Lead pencil/s no. 2 and eraser/s
 4. Valid I.D. Card with photo, signature, birthdate (if available), and signature of authorized head of agency (Office/School/Postal ID/Passport/License/BIR/SSS)
 - * This should be the same as that presented at the time of application.
 - * **NO I.D., NO EXAM.**
- * **DO NOT** bring cellular phones & other materials outside of those above-listed, *otherwise*, they will be confiscated by the Security Officers. The Commission will not be liable for the loss or damage of said belongings.