

Philippine Elementary School Principals Association

Rooms 303-304, 3/F Educators' Community Center Dorm-E, DepED Complex, Meralco Ave., Pasig City

Website: www.pespaassociation.com; Email Add: pespa_association@yahoo.com

Telefax: (02) 634-9285

I. PERSONAL INFORMATION (PLEASE WRITE LEGIBLY)

SURNAME															
FIRST NAME															
MIDDLE NAME													NAME EXTENSION (e.g. Jr., Sr.)		
DATE OF BIRTH (mm/dd/yyyy)					/ /		PLACE OF BRITH								
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female					HOME ADDRESS									
CITIZENSHIP															
CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed					TELEPHONE NUMBER									
	<input type="checkbox"/> Married <input type="checkbox"/> Separated					MOBILE NUMBER									
	<input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____					EMAIL ADDRESS									
SCHOOL															
SCHOOL ADDRESS															
TELEPHONE NO.															
DISTRICT						DIVISION CODE									
DIVISION															
REGION						STATION CODE									
DESIGNATION (Principal 1, II, III, IV, HT, TIC)						EMPLOYEE NUMBER									
NO. OF YEARS IN THE SERVICE						IN THE PRESENT POSITION									

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							

MEMBERSHIP and ANNUAL DUES

	MEMBERSHIP FEE		DATE PAID
	ANNUAL FEE		DATE PAID

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNED BY ME THIS _____ DAY OF _____ 20_____.

NOTED:

DIVISION CHAPTER PRESIDENT

REGIONAL PRESIDENT

RECOMMENDING APPROVAL

NATIONAL TREASURER

APPROVED

SIGNATURE OVER PRINTED NAME

NATIONAL PRESIDENT

Note: MEMBERSHIP FEE IS (Php 100.00 PAID ONLY ONCE

ANNUAL FEE IS (Php 100) PAID ANNUALLY

36. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree (for National Government Employees):
 appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?

YES NO
 If YES, give details:

b. Within the fourth degree (for Local Government Employees):
 appointing authority or recommending authority where you will be appointed?

YES NO
 If YES, give details:

37 a. Have you ever been formally charged?

YES NO
 If YES, give details:

b. Have you ever been guilty of any administrative offense?

YES NO
 If YES, give details:

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

YES NO
 If YES, give details:

39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?

YES NO
 If YES, give details:

40. Have you ever been a candidate in a national or local election (except Barangay election)?

YES NO
 If YES, give details:

41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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: _____

c. Are you a solo parent?
 YES NO
 If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.

ID picture taken within the last 6 months
 3.5 cm. X 4.5 cm
 (passport size)

Computer generated or xerox copy of picture is not acceptable

PHOTO

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent 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 trust that this information shall remain confidential.

<input style="width: 95%; height: 20px;" type="text"/> COMMUNITY TAX CERTIFICATE NO.	<input style="width: 95%; height: 100px;" type="text"/> SIGNATURE (Sign inside the box)	<input style="width: 95%; height: 80px;" type="text"/> RIGHT THUMBMARK
<input style="width: 95%; height: 20px;" type="text"/> ISSUED AT		
<input style="width: 95%; height: 20px;" type="text"/> ISSUED ON (mm/dd/yyyy)		