



Republic of the Philippines  
DEPARTMENT OF AGRICULTURE  
**NATIONAL MEAT INSPECTION SERVICE**  
Visayas Ave., Diliman, Quezon City  
Telephone Nos: (02)924-7980, 924-7971 Telefax: 924-7973  
Mobile Number: 09178367009  
URL: <http://nmis.gov.ph>  
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**APPLICATION FORM**

Position applied for: \_\_\_\_\_

Reference Code. \_\_\_\_\_

Eligibility: \_\_\_\_\_

Note: Please mark/fill information as applicable

**(I) PERSONAL INFORMATION**

Name			
	<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>

Age		Date of Birth		Place of Birth	
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Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Others, pls. specify	Religion	
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Height		Weight		Blood Type	
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Present Address					
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Permanent Address					
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Telephone Number.		Mobile Number		Email address	
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PRC No.		TIN:	
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**(II) FAMILY BACKGROUND**

Name of Spouse			
	<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>

Spouse's Occupation		Employer	
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Number of Children			
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Father's Name		Occupation	
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Mother's Name		Occupation	
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**(III) ACADEMIC BACKGROUND**

Level	Name of School	Degree Earned	Inclusive Dates of Attendance	Distinctions, Honors and Awards Received
Post Graduate				
College				
Secondary				
Elementary				

A. Membership to Organizations/Extracurricular/Business or Community activities involvement

<i>Name of Organization/Activities</i>	Number of years of membership	Position held, if any

B. Briefly describe your involvement in the activities listed in item A and their importance to you

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C. Describe your avocations, hobbies and special skills

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**(IV) WORK EXPERIENCE (Please start from your recent job and go in descending order)**

Inclusive dates (mm/dd/yyyy)		Name of Organization	Position Title	Monthly salary
(From)	(To)			
Responsibilities				
Reason/s for leaving:				

Inclusive dates (mm/dd/yyyy)		Name of Organization	Position Title	Monthly salary
(From)	(To)			
Responsibilities				
Reason/s for leaving:				

Inclusive dates (mm/dd/yyyy)		Name of Organization	Position Title	Monthly salary
(From)	(To)			
Responsibilities				
Reason/s for leaving				

**(V). PROFESSIONAL TRAININGS, SEMINARS, CONFERENCE, WORKSHOP ATTENDED** (Please start from most recent)

Title	Inclusive dates (mm/dd/yyyy)		Conducted by
	From	To	

(Attach additional sheet if necessary)

**(V) OTHER INFORMATION**

Do you have any disability or illness at the present time? If yes, please explain
<input type="checkbox"/> No <input type="checkbox"/> Yes

**(VI) REFERENCES**

*(Person whom we can talk to, if necessary about your qualifications. Must not be related by consanguinity or affinity to applicant/appointee)*

Name	Address	Telephone Number

**(VII) DECLARATION**

Date\_\_\_\_\_

Signature of the Applicant:\_\_\_\_\_

*I declare to the best of my knowledge that the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may provide grounds for dismissal from the government service, if hired.*

*I also authorize the agency head/authorized representative/s to verify/validate the contents stated herein. I trust that this information shall remain confidential.*

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**FOR OFFICE USE ONLY**

Application received by:	Date:
Checked/verified by:	Date
Remarks:	
Signature & Name of Officer	