INFORMATION SHEET

Action by the Board:

APPROVED ☐

DISAPPROVED ☐

Classication _____

Date _____ *By* _____

TYPE OR PRINT LEGIBLY

NAME

FAMILY FIRST MIDDLE

COMPLETE RESIDENTIAL ADDRESS

COMPLETE ADDRESS

TELEPHONE NOS. RESIDENCE OFFICE FAX CELLPHONE NO.

BIRTHDATE	BIRTHPLACE	CIVIL STATUS	SEX	EMAIL-ADDRESS
TIN NO.	SSS NO.			NAME OF SPOUSE

CURRENT JOB

JOURNALISTIC EXPERIENCE

POSITION TITLE	NAME OF EMPLOYER	DATE OF EMPLOYMENT
ADDRESS / CONTACT NO. OF EMPLOYER		

FIRST EMPLOYMENT

POSITION TITLE	NAME OF EMPLOYER	PERIOD OF EMPLOYMENT
ADDRESS / CONTACT NO. OF EMPLOYER		

OTHER PREVIOUS

POSITION TITLE	NAME OF EMPLOYER	PERIOD OF EMPLOYMENT
ADDRESS / CONTACT NO. OF EMPLOYER		
POSITION TITLE	NAME OF EMPLOYER	PERIOD OF EMPLOYMENT
ADDRESS / CONTACT NO. OF EMPLOYER		
POSITION TITLE	NAME OF EMPLOYER	PERIOD OF EMPLOYMENT
ADDRESS / CONTACT NO. OF EMPLOYER		

(ATTACH SEPARATE SHEET FOR ADDITIONAL JOBS)

TOTAL NO. OF YEARS AS A JOURNALIST _____ (AS OF_____ ,20_____)

HIGHEST EDUCATIONAL ATTAINMENT

DEGREE SCHOOL YEAR

AWARDS, CITATIONS, RECOGNITION

BOOKS, PUBLICATION, SPECIAL WORKS

ASSOCIATIONS, ORGANIZATIONS, CLUBS

REFERENCES

(ATTACH SEPARATE SHHET WHEN NEEDED)

I certify that all information stated above are true and correct. I fully agree that any falsehood, misrepresentation or omission of any pertinent data herein shall be sufficient cause for rejection of my application or termination of my membership in the samahang plaridel.

_____ _____

SIGNATURE OVER PRINTED NAME *DATE*