

INITIAL ASSESSMENT FORM FOR APPLICANT

(APPLICATION WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED)

PLEASE ARRANGE ACCORDINGLY:

- White Folder with Applicant's Full Name (Last Name, Given Name, Middle Initial), labeled at the right side
- Initial Assessment Form for Applicant
- Individual Copy of Posting/Publication of Position Applied (Reference: <http://www.csc.gov.ph/career/index.php>)
- Application Letter (Letter of Intent)
- 1 Original and 1 Photocopy of fully accomplished and **NOTARIZED/SIGNED BY AN ADMINISTERING OFFICER** Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at www.csc.gov.ph
- Job Description of the position applied for
- Work Experience Sheet (For position requiring Relevant Experience)
- Authenticated copy of Eligibility (For Position requiring Appropriate Eligibility/License)
- Performance Rating in the last 2 rating period
- Certified True Copy of Transcript of Records (TOR) (For Position requiring Completion of two years studies in college or Bachelors degree)
- Certified True Copy of High School Diploma (For Position requiring High School Graduate)
- Service Record

The above documents/forms are for single used application only and valid up to 9 months.

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|---|--|---|--|----------------------------|-------------------------------|
| Date of Application: (see PDS): | | | | | |
| Name of Applicant: | | | | | |
| Position Applied For: | | | | | |
| Office/Hospital: | | | | | |
| Item Number: | | | | | |
| Present Position: | | Employment Status: (Perm./Casual/J.O. etc.) | | | |
| Salary Grade Difference From the Present Position: | | | | | |
| Employment/Work History in the Provincial Government of Quezon: | Total Year/s | Summary Breakdown in (month/s or year/s) | | | |
| | | Total Year/s Volunteer | Total Year/s Job Order | Total Year/s Casual | Total Year/s Permanent |
| | | | | | |
| Date of Last Promotion (if applicable): | | | | | |
| Performance Rating in the last 2 rating period: | Rating Period: | | 1. (Adjectival & Numerical Rating) | | |
| | Rating Period: | | 2. (Adjectival & Numerical Rating) | | |
| Are you related by consanguinity or affinity to the Appointing or Recommending authority, or to the chief of office/hospital who has immediate supervision over you in the office/hospital where you will be appointed? | Please check: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes. (Please specify the name/s) | | | | |
| Are you a member of Indigenous Group? | Please Check: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, (Please specify Group): | ETHNICITY: ex: Tagalog | | | |
| Are you a person with Disability (PWD)? | Please Check: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, (Please specify the disability): | | | | |
| Criteria | Qualification Standard Minimum Requirements (Reference: Posting/Publication) | Applicant's Qualification (Reference: PDS) Must have meet the minimum QUALIFICATION Standard of the position Applied For | Remarks/Deficiency (This Column to be filled up by HRMO) | | |
| Education : | Educational Requirement | Educational Attainment | | | |
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| Experience: | Year/s of Required Relevant Experience | Year/s of Relevant Experience | | | |
| | | | | | |
| Training: | Hour/s of Required Relevant Training | Hour/s of Relevant Training (Mark/Highlight relevant training in PDS) | | | |
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| Eligibility: | Required Eligibility/License | Appropriate Eligibility/License | | | |
| | | | | | |
| | | Valid Until: | | | |
| | | Registration Date: | | | |
| Date of Publication: | Posting Date | Closing Date | | | |
| | | | | | |
| Assisted by: | | | | | |
| Name and Signature of Administrative Officer: | | | | | |