

Republic of the Philippines
Technical Education and Skills Development Authority
REGIONAL ASSESSMENT CENTER
Cordillera Administrative Region
Loakan, Baguio City
Tel. No. 305-2405

INFORMATION SHEET

COMPETENCY ASSESSMENT APPLIED FOR: _____

REFERENCE NO.: _____

NAME: _____		
FAMILY NAME	FIRST NAME	MIDDLE NAME
PERMANENT ADDRESS: _____	TEL NO.: _____	EYES(COLOR): _____
CIVIL STATUS: _____	WEIGHT (KGS): _____	HEIGHT (Meter): _____
SPOUSE'S NAME (If Married): _____		DISTINGUISHING MARKS: _____
FATHER'S NAME: _____	MOTHER'S NAME: _____	

HIGHEST EDUCATIONAL ATTAINMENT: _____

Place of Birth: _____ Date of Birth: _____

WORK EXPERIENCE

Age: _____

DATE	EMPLOYER/ADDRESS	POSITION

TRAINING RECORD

TRAINING COURSE	TRAINING CENTER/ADDRESS	PERIOD OF TRAINING

SPECIMEN SIGNATURE

1. _____
2. _____



Right Thumbmark

I solemnly swear that the above information are true and attached photograph bearing my signature is mine. I understand that any false information or misrepresentation in this information sheet would warrant my perpetual disqualification.

Certified true and correct: _____

Applicant's Signature

COMPETENCY ASSESSMENT RECORD

COMPETENCY/CLASS/LEVEL	REGION/PROVINCE	CERTIFICATE NUMBER	DATE ISSUED

YEARS OF EXPERIENCE RELATED TO THE COMPETENCY ASSESSMENT _____

FIRST TIME TO TAKE THE COMPETENCY ASSESSMENT: YES () NO () IF NO, WHAT YEAR
 IF FAILED, WHAT PART: ACTUAL () WRITTEN () BOTH ()

ADMISSION SLIP

NAME: _____

LAST NAME FIRST NAME MIDDLE NAME

TRAINING CENTER: _____ REF. NO.: _____

EXAMINATION DATE: _____ TIME: _____ OR #: _____