



DEPARTMENT OF FINANCE | CIVIL SERVICE COMMISSION

REGISTRATION FORM

Basic Competency on Local Treasury Examination with Ethics-Oriented Personality Test (BCLTE & EOPT)

DATE OF EXAMINATION
06 DECEMBER 2015

Paste a Passport Size (4.5cm x 3.5 cm) Photo with Nametag and Signature

Do not Staple Photo

To be filled up by the Applicant *To be filled up by the Processor*

Instructions: FILL IN ALL THE REQUIRED INFORMATION USING CAPITAL LETTERS. Do not leave an item blank. Put an "x" on the appropriate boxes. If item is not applicable, put "N/A".

Registration Control No.:

Name (Last Name) (First Name) (Add Extended Name/Suffix, i.e. Jr./Sr., if any) (Middle Name)

Date of Birth (mm/dd/yyyy) **Place of Birth**

Age **Sex** Female Male **Civil Status** Single Married Widowed
 Legally Separated Annulled Others

Permanent/Mailing Address
 (Room/Floor/Unit/Bldg./House No.) (Street Name) (Subdivision)
 (Barangay) (City/Municipality) (Province) (Zip Code)

Mobile No. **Telephone No.** **Email Address**

Highest Educational Attainment Doctorate Master's College Vocational/Technical High school

Major Field of Study / Degree Commerce/Accountancy Public Administration Law Others

if Applicant is a Local Treasurer or an Assistant Local Treasurer

Current Position Occupied Local Treasurer Assistant Local Treasurer **Place of Assignment** Provincial City Municipal **Current Official Station**

Employment Status Permanent OIC/ICO/Acting Detailed/Reassigned **Years in Government Service**

if Applicant is a DOF or BLGF employee

Current Position Occupied **Place of Assignment** Central Office Regional Office **Current Official Station**

Employment Status Permanent OIC/ICO/Acting Detailed/Reassigned **Years in Government Service**

Existing Professional Licenses/ Eligibilities			
Title of Examination passed/ Title of Eligibility Granted	Rating	Date of Examination/ Date of Eligibility Granted	Place of Examination
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

In case of Emergency, please contact: Name Relationship
 Contact Nos. **Applicant has Special Needs** Pregnant Senior Citizen
 Medical Care PWD

Declaration I hereby certify that the above information given are true and correct as to the best of my knowledge and belief, and I undertake to inform the DOF-BLGF of any changes herein immediately. **Signature of Applicant**

ACKNOWLEDGMENT RECEIPT

To be filled up by the processor **REG. CONTROL NO.** **Name** (Last Name) (First Name) (Ext. Name, i.e. Jr./Sr., if any) (Middle Initial)

Date of Receipt of Form:
 Reviewed and Noted by:
 Encoded by:
 Date Encoded:

Signature of Applicant

PLEASE BRING THE FOLLOWING ON EXAMINATION DAY

1. Acknowledgment Receipt
2. Any Government-issued ID
3. One (1) Black Ballpen
4. Pencils with eraser
5. Calculator (not cellphones)
6. Snacks (in clear containers)

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The foregoing entries have been properly reviewed and verified by the DOF-BLGF.

PLEASE BE AT THE GATE OF THE TESTING CENTER BEFORE 7:30 AM ON DECEMBER 6, 2015.