



DEPARTMENT OF FINANCE | CIVIL SERVICE COMMISSION

APPLICATION FORM

Basic Competency on Local Treasury Examination (BCLTE)

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

| | |
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| <i>To be filled up by the Applicant</i> | <i>To be filled up by the Processor</i> |
| 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.: <input style="width: 100%;" type="text"/> |

| | | | |
|---|---|---|--|
| Name (Last Name) <input style="width: 90%;" type="text"/> | (First Name) <input style="width: 90%;" type="text"/> | <i>(Add Extended Name/Suffix, i.e. Jr./Sr., if any)</i> | (Middle Name) <input style="width: 90%;" type="text"/> |
| Date of Birth (mm/dd/yyyy) <input style="width: 100%;" type="text"/> | Place of Birth <input style="width: 100%;" type="text"/> | | |
| Age <input style="width: 20%;" type="text"/> | Sex Female <input type="checkbox"/> Male <input type="checkbox"/> | Civil Status Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> | |
| Citizenship <input style="width: 100%;" type="text"/> | Legally Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others <input style="width: 100%;" type="text"/> | | |

| | | | |
|--|--|--|--|
| Permanent/Mailing Address | | | |
| (Room/Floor/Unit/Bldg./House No.) <input style="width: 95%;" type="text"/> | (Street Name) <input style="width: 95%;" type="text"/> | (Subdivision) <input style="width: 95%;" type="text"/> | |
| (Barangay) <input style="width: 100%;" type="text"/> | (City/Municipality) <input style="width: 100%;" type="text"/> | (Province) <input style="width: 100%;" type="text"/> | (Zip Code) <input style="width: 100%;" type="text"/> |
| Mobile No. <input style="width: 100%;" type="text"/> | Telephone No. <input style="width: 100%;" type="text"/> | Email Address <input style="width: 100%;" type="text"/> | |

| | | | | | |
|---------------------------------------|---|--|----------------------------------|--|--------------------------------------|
| Highest Educational Attainment | Doctorate <input type="checkbox"/> | Master's <input type="checkbox"/> | College <input type="checkbox"/> | Vocational/Technical <input type="checkbox"/> | High school <input type="checkbox"/> |
| Major Field of Study / Degree | Commerce/Accountancy <input type="checkbox"/> | Public Administration <input type="checkbox"/> | Law <input type="checkbox"/> | Others <input style="width: 100%;" type="text"/> | |

if Applicant is a Local Government Employee

| | | |
|---|--|--|
| Appointment <input style="width: 95%;" type="text"/> | Place of Assignment Provincial <input type="checkbox"/> City <input type="checkbox"/> Municipal <input type="checkbox"/> | Current Official Station <input style="width: 95%;" type="text"/> |
| Employment Status Permanent <input type="checkbox"/> | OIC/ICO/Acting <input type="checkbox"/> Detailed/Reassigned <input type="checkbox"/> | Years in Government Service <input style="width: 100%;" type="text"/> |

if Applicant is a DOF or BLGF employee

| | | |
|---|--|--|
| Appointment <input style="width: 95%;" type="text"/> | Place of Assignment Central Office <input type="checkbox"/> Regional Office <input type="checkbox"/> | Current Official Station <input style="width: 95%;" type="text"/> |
| Employment Status Permanent <input type="checkbox"/> | Project Based <input type="checkbox"/> Detailed/Reassigned <input type="checkbox"/> | Years in Government Service <input style="width: 100%;" type="text"/> |

| | | | |
|---|---|--|---|
| 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: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

| | | | | |
|--|--|------------------------------------|--|---|
| In case of Emergency, please contact: | Name <input style="width: 95%;" type="text"/> | Applicant has Special Needs | Pregnant <input type="checkbox"/> | Senior Citizen <input type="checkbox"/> |
| | Contact Nos. <input style="width: 100%;" type="text"/> | | Relationship <input style="width: 100%;" type="text"/> | Medical Care <input type="checkbox"/> |

| | |
|---|---|
| Declaration | Signature of Applicant |
| 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. | <input style="width: 100%; height: 40px;" type="text"/> |

ACKNOWLEDGMENT RECEIPT

| | | | | | | | |
|--|---|---------------------------------|------------------------|-----------------------------|--------------------------------|--------------------------|---------------------------------|
| <i>To be filled up by the processor</i> | Name (Last Name) (First Name) <i>(Ext. Name, i.e. Jr./Sr., if any)</i> (Middle Initial) | | | | | | |
| REG. CONTROL NO. <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | |
| Date of Receipt of Form: <input style="width: 100%;" type="text"/> | Signature of Applicant <div style="border: 1px solid black; width: 100%; height: 40px; margin: 5px 0;"></div> <p>PLEASE BRING THE FOLLOWING ON EXAMINATION DAY</p> <table style="width: 100%; font-size: small;"> <tr> <td>1. Acknowledgment Receipt</td> <td>4. Pencils with eraser</td> </tr> <tr> <td>2. Any Government-issued ID</td> <td>5. Calculator (not cellphones)</td> </tr> <tr> <td>3. One (1) Black Ballpen</td> <td>6. Snacks (in clear containers)</td> </tr> </table> | 1. Acknowledgment Receipt | 4. Pencils with eraser | 2. Any Government-issued ID | 5. Calculator (not cellphones) | 3. One (1) Black Ballpen | 6. Snacks (in clear containers) |
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| 2. Any Government-issued ID | | 5. Calculator (not cellphones) | | | | | |
| 3. One (1) Black Ballpen | | 6. Snacks (in clear containers) | | | | | |
| Reviewed and Noted by: <input style="width: 100%;" type="text"/> | <div style="border: 1px solid black; width: 100%; height: 100px; margin: 5px 0;"></div> <p>Paste a Passport Size (4.5cm x 3.5 cm) Photo with Nametag and Signature</p> <p style="font-size: x-small;">Do not Staple Photo</p> | | | | | | |
| Encoded by: <input style="width: 100%;" type="text"/> | | | | | | | |
| Date Encoded: <input style="width: 100%;" type="text"/> | | | | | | | |
| <p>The foregoing entries have been properly reviewed and verified by the DOF-BLGF.</p> <p>PLEASE BE AT THE GATE OF THE TESTING CENTER BEFORE 7:30 AM ON DECEMBER 6, 2015.</p> | | | | | | | |