



Province of Camarines Sur  
**Municipality of SAN JOSE**

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**OFFICE OF THE MAYOR**

**Mayor Antonio B. Chavez's Educational Program**

**PERSONAL DATA**

Course Desired : \_\_\_\_\_  
 Name of Applicants : \_\_\_\_\_  
 Zone & Barangay : \_\_\_\_\_  
 Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Age : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 Gender : \_\_\_\_\_  
 Religion : \_\_\_\_\_  
 Civil Status : \_\_\_\_\_  
 Spouse : \_\_\_\_\_  
 Name of Father : \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation : \_\_\_\_\_  
 Name of Mother : \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation : \_\_\_\_\_



**EDUCATIONAL BACKGROUND**

Tertiary: \_\_\_\_\_ Year Graduated : \_\_\_\_\_  
 Vocational Course: \_\_\_\_\_ Year Graduated : \_\_\_\_\_  
 Secondary: \_\_\_\_\_ Year Graduated : \_\_\_\_\_  
 Elementary: \_\_\_\_\_ Year Graduated : \_\_\_\_\_

**CHARACTER REFERENCES:**

Name : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ Contact No. \_\_\_\_\_  
  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ Contact No. \_\_\_\_\_

*I hereby certify that above information is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
**Applicant's Signature**