



Department of Transportation
Philippine Coast Guard
COAST GUARD HUMAN RESOURCE MANAGEMENT SERVICE
139 25th St., Port Area, South Harbor
1018 Manila

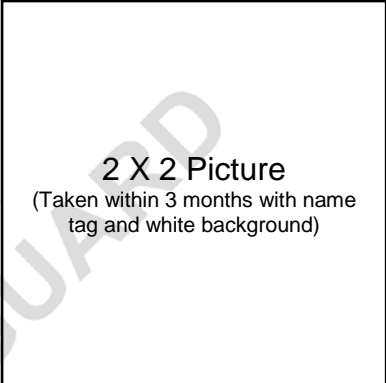
PROCESSING FORM

COMMISSIONSHIP

ENLISTMENT

Write all entries in **ALL CAPS** legibly and accurately. Write NA if not applicable. Use **BLUE BALLPEN** only. **READ INSTRUCTIONS** below before filling up. **AVOID ERASURES**. **Application number and Area** will be filled up by PCG Recruitment Officer or Personnel as well as APPLICATION box to be filled up by PCG Personnel concerned.

APPLICATION NUMBER:		AREA:	
LAST NAME:			
FIRST NAME:		NAME EXT:	Jr, III, etc
MIDDLE NAME			
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CURRENT AGE:	BIRTH DATE: dd-mm-yyyy
MARITAL STATUS:		HEIGHT (in ft):	WEIGHT (in kgs):
EDUCATIONAL ATTAINMENT:	<input type="checkbox"/> COLLEGE <input type="checkbox"/> TESDA / VOCATIONAL <input type="checkbox"/> POST GRADUATE		
COURSE	Write Full Name of Course (BS and AB are only accepted abbreviations.)		
COMPLETION:	<input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> STILL STUDYING	UNITS EARNED: for UG	ELIGIBILITY (for Commissionship) <input type="checkbox"/> PRC <input type="checkbox"/> CSE <input type="checkbox"/> _____
PRESENT ADDRESS:	Town / City and Province	MOBILE NUMBER 1:	MOBILE NUMBER 2:



INSTRUCTIONS:

1. This form is non-transferable.
2. This form is non-replaceable. In any case of loss, current application will be invalidated and considered as "UNINTERESTED"
3. This form serves as DIRECTIVE to the application to PCG. Applicants should always bring this form and present upon processing.
4. Applicants should endeavor to complete the process at the earliest possible time.
5. This form shall be submitted/return to Recruitment Branch, O/CG-1 or District Recruitment Officer upon completion of the process or in case of any disqualification noted during the process.
6. Should an applicant wish to transfer his/her application from District to District or to HPCG or vice versa, an applicant must bring this processing form together with endorsement letter from the Recruitment Officer of the District he/she first applies and present same to the Recruitment Officer where he/she opted to transfer and continue his/her application

I hereby certify that the aforementioned entries / information are true and correct to the best of my knowledge and belief. I also understand and abide the instructions regarding my application to the PCG service

Signature over Printed Name

APPLICATION PROCESS

(to be filled up by the PCG Personnel)

	DATE	REMARKS	NAME OF SUPERVISING OFFICER / REPRESENTATIVE <small>(Complete Name must be written)</small>	SIGNATURE
1. PCGABT				
2. PFT				
3. NEURO EXAM				
4. MEDICAL				
a. LABORATORY				
b. PHYSICAL EXAM				
5. DENTAL				
a. INITIAL SCREEN				
b. FINAL SCREEN				

Recruitment Officer, PCG