



## BASIC INFORMATION SHEET

1. Please fill out this form completely. Use black ink and print legibly or encode in the computer.
2. Submit this original copy to DepEd Division of Misamis Oriental on or before November 10, 2017.

### PERSONAL INFORMATION

**Full Name (Mr./Ms./Mrs./Dr.):**  
 (please enricle appropriate title

\_\_\_\_\_

Surname                      Given Name                      Middle Name

**Home Address:**

\_\_\_\_\_

Residence No.                      Street                      District/Town/Barangay                      City/Province                      Zip Code

Nickname:	Name of Spouse: (if any)	No. of Children (if any)	Civil Status:
Date of Birth:	Place of Birth:	Age:	Gender
Personal E-mail:	Tel. No.:	Monile No.	Religion

Name of Current School: \_\_\_\_\_

Address: \_\_\_\_\_  
 School Tel: \_\_\_\_\_

Division where school is located: \_\_\_\_\_  
 School Email Address: \_\_\_\_\_

Competition joining in:                       Preschool                       Elementary                       Secondary

### I. APPLICANTS QUALIFICATIONS

Appointment	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Subsitute	
<b>TEACHING LOAD</b>	<input type="checkbox"/> Full-Load with administrative duty/ies	<input type="checkbox"/> NOT Full-Load but with administrative duty/ies	<b>Details of Loads:</b> a) School's definition of full load:  b) Actual Teaching Load:  c) Actual Administrative load (if any):  <b>Administrative duty/ies if any:</b>
	<input type="checkbox"/> Full-Load with NO adminisstrative duty/ies	<input type="checkbox"/> NOT Full-Load and with NO administrative duty/ies	
<b>TEACHING EXPERIENCE</b>	<input type="checkbox"/> 10 years or more	<input type="checkbox"/> below 10 years	No. of yrs. as a teacher: Years of actual teaching: Months & Year started:

<b>PERFORMANCE RATING</b>	<input type="checkbox"/> Average in the last 5 years is <u>Very Satisfactory</u> with <b><u>NO POOR</u></b> rating in a given year	
<b>DEGREES EARNED</b>	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masteral Degree <input type="checkbox"/> Doctorate Degree	Highest Educational Attainment:
<b>Past Outstanding Awards Received</b>	<input type="checkbox"/> District <input type="checkbox"/> Division <input type="checkbox"/> National <input type="checkbox"/> Regional	Specify years you have been a Regional/National Awardee in the search: ____, ____, ____
<b>PRC License</b>	Holder of valid PRC Teacher's License <input type="checkbox"/> Yes <input type="checkbox"/> No	PRC I.D. No: Expiration date:

Have you been <b>CONVICED</b> of any of the following offense?  <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Administrative  Status: <input type="checkbox"/> Dismissed <input type="checkbox"/> In Progress	Have you been <b>CHARGED</b> of any of the following offense?  <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Administrative  Status: <input type="checkbox"/> Dismissed <input type="checkbox"/> In Progress
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**Important:** Should a case have been filed against you even if it was dismissed or amicably settled, please indicate them by checking the appropriate box above. DepEd Division of Misamis Oriental shall validate this later and failure to disclose will be a ground for **DISQUALIFICATION**. Please give details in a separate sheet of paper.

## II. CERTIFICATION BY THE NOMINEE (to be filled out by the nominee)

This is to certify that I voluntarily submit myself to the rules of the Search. I agree to submit the accomplished nomination form should I be eligible to proceed to the next phase of the Search.

I also certify that I am physically fit to undergo the evaluation process of the Search. In this regard, I hereby exempt, discharge, release and free DepEd Division of Misamis Oriental, and the judges from any claim or liability arising from my participation in the Search.

**I hereby certify to the best of my knowledge that all the information contained in this form is true and correct. I am aware that any willful misrepresentation of facts stated herein can be used as basis for my disqualification.**

SIGNED THIS DAY OF \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF NOMINEE

## III. CERTIFICATION BY THE NOMINATOR (to be filled out by the nominator only)

This is to certify that \_\_\_\_\_, who holds the position of \_\_\_\_\_  
(Name of Nominee) (Present Position & Rank)

is a full-time or permanent substitute of this school. He/She is concurrently serving as \_\_\_\_\_  
(Administrative Position, if applicable)

The nominee has a total teaching load of \_\_\_\_\_  
For Elementary and Secondary: indicate no. of hours per week

**I ALSO CERTIFY THAT \_\_\_\_\_ IS THE OFFICIAL NOMINEE OF THIS**  
(Name of Nominee)

**SCHOOL FOR THE \_\_\_\_\_ COMPETITION, AND THAT ANYBODY NOMINATED ASIDE**  
(Preschool/Elementary/Secondary)

**FROM HIM/HER WILL AUTOMATICALLY BE DISQUALIFIED.**

\_\_\_\_\_  
TITLE/PRINTED NAME/SIGNATURE

\_\_\_\_\_  
POSITION/DESIGNATION

\_\_\_\_\_  
DATE SIGNED