

Department of Education

SOCCSKSARGEN REGION

CHECKLIST OF REQUIREMENTS

| | | | | Application Code: |
|-------------------------------------|-------------|-------------------|---------|-------------------|
| Name of Applicant: | | | | |
| | | Middle Name | Suffix | |
| Position Applied For: ADMINISTRA | TIVE ASSIST | CANT I | | |
| Office of the Position Applied For: | URRICULUM | AND LEARNING | MANAG | EMENT DIVISION |
| Contact Number: | | | | |
| Religion: | | | | |
| Ethnicity: | | | | |
| Person with Disability? Yes () No (|) S | olo Parent? Yes (|) No () | |

| | Ferson with Bisdomity. Tes () No () | | | | | | | |
|--------------------------------|--|--|---|--|--|--|--|--|
| Basic Documentary Requirements | | G4 -4 C | Verification | | | | | |
| | | Status of Submission (To be filled-out by the applicant; Check if submitted) | Status of Submission (To be filled-out by the HRMO/HR Office/ sub- committee) | Remarks (to be filled-out by the HRMO) | | | | |
| a | Letter of intent addressed to the Head of Office or highest human resource officer | | | | | | | |
| b · | Duly accomplished Personal Data Sheet (PDS) (CS Form No. 212, Revised 2017) and Work Experience Sheet, if applicable | | | | | | | |
| c | Photocopy of valid and updated PRC License/ID, if applicable | | | | | | | |
| d | Photocopy of Certificate of Eligibility/Report of Rating, if applicable | | | | | | | |
| e | Photocopy of scholastic/academic record such as but not limited to Transcript of Records (TOR) and Diploma, including completion of graduate and post-graduate units/degrees, if available | | | | | | | |
| f | Photocopy of Certificate/s of Training, if Applicable | | | | | | | |
| g · | Photocopy of Certificate of Employment Contract of Service, or duly signed Service Record, whichever is/are applicable | | | | | | | |
| h | Photocopy of latest appointment, if applicable | | | | | | | |
| i . | Photocopy of the Performance Ratings in the last rating period(s) covering one (1) year performance prior to the deadline of submission, if applicable | | | | | | | |
| j · | Checklist of Requirements and Omnibus Sworn Statement on the Certification on the Authenticity and Veracity (CAV) of the documents submitted and Data Privacy Consent Form | | | | | | | |

Checked & Attested by:

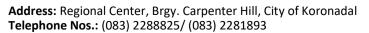
EMERIN B. ASTILLERO

Administrative Officer V, HRMO



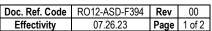






Email Address: region12@deped.gov.ph

Website: depedroxii.org







Department of Education

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OMNIBUS SWORN STATEMENT

CERTIFICATION OF AUTHENTICITY AND VERACITY

I hereby certify that all information above are true and correct, and of my personal knowledge and belief, and the documents submitted herewith are original and/or certified true copies thereof.

DATA PRIVACY CONSENT

I hereby grant the Department of Education the right to collect and process my personal information as stated above, for purposes relevant to the recruitment, selection, and placement of personnel of the Department and for purposes of compliance with the laws, rules, and regulations being implemented by the Civil Service Commission.

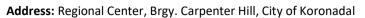
| | Name and Signature of Applicant |
|---|---------------------------------|
| | |
| Subscribed and sworn to before me this day of | , year |
| | _ |
| | |
| | Person Administering Oath |

In consonance with Republic Act No. 8792 or the "Electronic Commerce Act of 2000", (e)lectronic documents shall have the legal effect, validity or enforceability as any other document or legal writing and a) (w)here the law requires a document to be in writing, that requirement is met by an electronic document if the said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference.









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| Doc. Ref. Code | RO12-ASD-F394 | Rev | 00 |
|----------------|---------------|------|--------|
| Effectivity | 07.26.23 | Page | 2 of 2 |

