



Republic of the Philippines
Department of Education
 SOCCSKSARGEN REGION

CHECKLIST OF REQUIREMENTS

Application Code: _____

Name of Applicant: _____
 Last Name First Name Middle Name Suffix

Position Applied For: **COS - TECHNICAL ASSISTANT II for School Mental Health Program**

Office of the Position Applied For: **Education Support Services Division- SHNS**

Contact Number: _____

Religion: _____

Ethnicity: _____

Person with Disability? Yes () No () Solo Parent? Yes () No ()

	Basic Documentary Requirements	Status of Submission <i>(To be filled-out by the applicant; Check if submitted)</i>	Verification	
			Status of Submission <i>(To be filled-out by the HRMO/HR Office/sub-committee)</i>	Remarks <i>(to be filled-out by the HRMO)</i>
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



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal
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Website: depdroxii.org



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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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