

APPLICATION FORM FOR EXTERNAL APPLICANTS MANAGEMENT TRAINING PROGRAM (MTP)

Instructions:

- 1. Please fill in the application form in your own handwriting legibly.
- 2. Indicate only work experience and trainings that can be authenticated/documented.
- 3. Attach the following:
 - A. Photocopy of Birth Certificate
 - B. Photocopy of Transcript of Records
 - C. Two sealed Recommendation Forms accomplished by your supervisor and former professor or other reference.
 - D. Photocopy of Certificate of Civil Service or Professional Eligibility

All applications must be sent to the PERSONNEL ADMINISTRATION DEPARTMENT

- 4. On a separate sheet, compose at least a onepager essay each discussing the following scenario:
 - A. Explain what makes you a suitable candidate to this program.
 - Describe your major strengths as a person.
 - B. Describe a major challenge in your life and describe what you did to overcome it.
 What lessons did you learn from this?

ID picture taken within the last 6 months 3.5 cm. x 4.5 cm (passport size) photocopy of picture is not accepted

23/F LANDBANK Plaza, 1598 M.H. Del Pilar cor. Dr. J. Quintos Sts., Malate, Manila on or before March4, 2020. (An advance copy may be sent electronically to LBP-MLDP@mail.landbank.com.)											
I. PERS	ONAL I	DATA	A								
Last Name					First Na	ame			Middle	Name	
Nick Name Place of Birth											
Present Mailing Address: Telephone No. Sex									Sex		
Drawin siel Address									_		Weight
Provincial Address: Mobile Phone No.								oile Phone No	Height		
Email Addı	ress:							Widdle Fildle No.			Civil Status
Harris Halana											Religion
How did yo			his program?					_	1		
	LBP Wel	bsite	∐ Jobs	street	E	Employee Refe	erral:		Others	s (please specify)	
II. FAMI	LY BAC	CKGF	ROUND (co	ntinue	on sep	arate sheet	t if necess	ary)			
			Name		Age	Pre	esent Addres	SS	(Occupation	Employer/Address
Father											
Mother											
Spouse											
	Name			Age	Age Present Address			School or Occupation (for those employed)			
Sibling/s											
Children											
O'maron											
III. EDUCATIONAL BACKGROUND (continue on separate sheet if necessary)											
		Inclusive Years From To		Name of School and Address			Degree/Major Course		Academic Honors		
Primary											
Secondary	·										
Collegiate Graduate St	tudios										
		105 /					0.550016	NIAL OFFIT	IEIOA	TION	
IV. CIVIL SERVICE / PROFESSIONAL ELIGIBILITY / PROFESSIONAL CERTIFICATION											
Examination							Place		Date	Rating	
V. WORK EXPERIENCE (Start with current work. Continue on separate sheet if necessary)											
Inclusive Dates (mm/yyyy) Position Title			itle	Em	ployer and Ad	ddress	Basic Salary per Month		Major Functions / Responsibilities		
From	То)						WOTH			

VI. TRAINING PROGRAMS (Start with the most recent training. Use additional sheets as necessary							
Title of Seminar/Conference/Works	Inclusive Dates	Number of Hours	Condu	ucted/Sponsored By			
VII. EXTRACURRICULAR/BUSIN	ESS OF C		I VEME	UT.			
(Use additional sheets as nec				**			
Position	occui y.)	Organiza	Organization / Event				
				Period			
VIII. CHARACTER REFERENCES (not related within the 3rd deg		ionship by consanç	guinity o	r affinity to a	applicant)		
Name	Name Addres				Occupation		
				•			
IX. OTHER INFORMATION							
SPECIAL TECHNICAL SKILLS:							
SPORTS, HOBBIES AND INTERESTS:							
Are you willing to accept provincial assign Yes No If yes, give details (as to provincial area)	or accused of any	Have you ever been a respondent in any administrative case or accused of any criminal case? Yes No If yes, please give details (as to decision, penalty imposed and date)					
Are you related to any official or employee a.) within the third degree of consanguinity (i.e offspring, sibling, nephew/niece, une grandparent, grandchild? Yes If yes, give name/s of relative/s and relationsh	b.) within the second son-in-law/daughter-	b.) within the second degree of affinity (i.e. mother-in-law/father-in-law, son-in-law/daughter-in-law, brother-in-law/sister-in-law? Yes No If yes, give name/s of relative/s and relationship/s					
Have you been separated from service throthe following modes: resignation, retireme dropped from the rolls, dismissal, terminat term, finished contract, AWOL or phase public or private sector? Yes No If yes, give details	Yes	Do you have any physical disability or previous sickness? Yes No If yes, please provide specific details below or in a separate sheet:					
	APPLICANT	UNDERTAKING AND W	AIVER				
I certify that all information contained herein are true and correct. I fully understand and accept the conditions/stipulations of the program as stated in the MTP Guidelines, as amended. I understand that this application form does not constitute automatic acceptance to the program.							
I hereby knowingly, voluntarily and fully give my consent to the collection, recording, organization, modification, retrieval, use, consolidation, and such other processing that may be made by the appropriate authorities of the Bank of my personal information, including but not limited to my personal background, educational and professional history, medical findings, performance ratings, administrative and audit report and all other information that may be relevant to the determination of my physical, mental and psychological fitness to be granted with and to undertake a particular task or activity inherent or necessary to the nature of the Bank's Management Training Program.							
I authorize the Bank to verify/validate these information. Any false information given by me may be considered material misrepresentation and will be a ground for the Bank to terminate my participation in the program in case I am accepted.							
Witness my signature this	_day of		20 i	n			
			Applio	ant's Signatu	re Over Printed Name		



MANAGEMENT TRAINING PROGRAM APPLICATION FORM (ADDITIONAL SHEET)

Name: _						_			
WORK E	EXPERIENC	E							
Inclusive Dates (mm/yyyy) Position Title			Employer and Address		Basic/Gross Salary		Major Functions / Decrepabilities		
From	То	FOSITION THE		pioyei and <i>i</i>	Address	per Month		Major Functions / Responsibilities	
TRAININ	IG PROGR <i>A</i>	MS							
	Title of Ser	minar/Conference/Wo	rkshop		Inclusi	ve Dates	Number	Conducted/Sponsored By	
							of Hours	1	
							_		
FAMILY	BACKGRO	UND							
Name		Age	Р	resent Address		Sch	School or Occupation (for those employed)		
Siblings									
Siblings									
		Nicola					0.1	and an Orange Stage (Cont.)	
		Name	Age	Р	resent Addre	ess	Scr	nool or Occupation (for those employed)	
				 					
Children									
FYTPAC	HIRRICIII A	R/BUSINESS O	R COM	MUNITY I	INVOLVE	MENT	<u> </u>		
LATRAC			T COIVII					I	
Position			Organization / Event					Period	