

**APPLICATION FORM FOR INTERNAL 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/documentated.
3. Attach the following:
  - A. Photocopy of Birth Certificate and Transcript of Records
  - B. Memo to Human Resource Management Group (HRMG) Head expressing your intent to join the program and describing your major strengths as a person.
  - C. Certification from Employee Relations Department (ERD) Medical Division (for HO-based personnel) / Medicaid accredited physician (for field unit-based personnel)
  - D. Certification from Administrative Legal Department (ALD) of no pending administrative/criminal case
  - E. Audit Clearance from the Internal Audit Group (IAG)
  - F. Two sealed Recommendation Forms accomplished by your supervisor and former professor or other reference
  - G. Endorsement from your Department and Group Heads
4. On a separate sheet, compose an essay (at least one page) describing a major challenge in your life and 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

All applications must be sent to the **PERSONNEL ADMINISTRATION DEPARTMENT (PAD)**

23/F LANDBANK Plaza, 1598 M.H. Del Pilar cor. Dr. J. Quintos Sts., Malate, Manila

on or before **March 4, 2020.** (An advance copy may be sent electronically to [LBP-MLDP@mail.landbank.com](mailto:LBP-MLDP@mail.landbank.com).)

**I. PERSONAL DATA**

Last Name		First Name		Middle Name	
Nick Name		Place of Birth			
Present Mailing Address:			Telephone No.		Sex
Provincial Address:					Weight
Email Address:			Mobile Phone No.		Height
					Civil Status
					Religion

**How did you learn about this program?**

LBP Website    Workplace    RARS    Is Notes    Infext    Newram    Other (please specify) \_\_\_\_\_

**II. FAMILY BACKGROUND (continue on separate sheet if necessary)**

	Name	Age	Present Address	Occupation	Employer/Address
Father					
Mother					
Spouse					
	Name	Age	Present Address	School or Occupation (for those employed)	
Sibling/s					
Children					

**III. EDUCATIONAL BACKGROUND (continue on separate sheet if necessary)**

	Inclusive Years		Name of School and Address	Degree/Major Course	Academic Honors
	From	To			
Primary					
Secondary					
Collegiate					
Graduate Studies					

**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	Employer and Address	Basic Salary per Month	Major Functions / Responsibilities
From	To				

**VI. TRAINING PROGRAMS (Start with the most recent training. Use additional sheets as necessary.)**

Title of Seminar/Conference/Workshop	Inclusive Dates	Number of Hours	Conducted/Sponsored By

**VII. EXTRA-CURRICULAR/BUSINESS OR COMMUNITY INVOLVEMENT (Use additional sheets as necessary.)**

Position	Organization / Event	Period

**VIII. CHARACTER REFERENCES**

(not related within the 3rd degree of relationship by consanguinity or affinity to applicant)

Name	Address and Contact Number	Occupation

**IX. OTHER INFORMATION**

**SPECIAL TECHNICAL SKILLS:** \_\_\_\_\_

**SPORTS, HOBBIES AND INTERESTS:** \_\_\_\_\_

**Are you willing to accept provincial assignments?**

Yes  No

If yes, give details (as to provincial area)

\_\_\_\_\_  
 \_\_\_\_\_

**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)

\_\_\_\_\_  
 \_\_\_\_\_

**Have you been separated from service through any of the following modes: resignation, retirement, dropped, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phase out, in the public or private sector?**

Yes  No If yes, give details \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**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 WAIVER**

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 and for prosecution for any administrative or criminal offense.

Witness my signature this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
 Applicant's Signature Over Printed Name



**MANAGEMENT TRAINING PROGRAM APPLICATION FORM  
(ADDITIONAL SHEET)**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

Inclusive Dates (mm/yyyy)		Position Title	Employer and Address	Basic/Gross Salary per Month	Major Functions / Responsibilities
From	To				

**TRAINING PROGRAMS**

Title of Seminar/Conference/Workshop	Inclusive Dates	Number of Hours	Conducted/Sponsored By

**FAMILY BACKGROUND**

Siblings	Name	Age	Present Address	School or Occupation (for those employed)	

Children	Name	Age	Present Address	School or Occupation (for those employed)	

**EXTRACURRICULAR/BUSINESS OR COMMUNITY INVOLVEMENT**

Position	Organization / Event	Position