

**APPLICATION FORM FOR INTERNAL APPLICANTS  
BRANCH OFFICERS DEVELOPMENT PROGRAM (BODP)****Instructions:**

- Please fill in the application form in your own handwriting legibly.
- Indicate only work experience and trainings that can be authenticated/documentated.
- Attach the following:
  - Photocopy of Birth Certificate and Transcript of Records
  - Memo to Human Resource Management Group (HRMG) Head expressing your intent to join the program and describing your major strengths as a person.
  - Certification from Employee Relations Department (ERD) Medical Division (for HO-based personnel) / Medicard accredited physician (for field unit-based personnel)
  - Certification from Administrative Legal Department (ALD) of no pending administrative/criminal case
  - Audit Clearance from the Internal Audit Group (IAG)
  - Two sealed Recommendation Forms accomplished by your supervisor and former professor or other reference
  - Endorsement addressed to the ODD Head from your Department and Group Heads
- 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 ORGANIZATION DEVELOPMENT DEPARTMENT (ODD)

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

on or before March 2, 2018. (An advance copy may be sent electronically to MRCRUZ@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
  IDRARS
  Lotus Notes
  Info Text
  Newsgram
  Others (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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all information contained herein are true and correct. 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



**BRANCH OFFICERS DEVELOPMENT 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