

**APPLICATION FORM FOR INTERNAL APPLICANTS
MANAGEMENT TRAINING PROGRAM (MTP)****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 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 5, 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 PRARS Bus Notes Text Neogram 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:

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



**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