



Republic of the Philippines
PHILIPPINE NATIONAL POLICE
 DIRECTORATE FOR PERSONNEL AND RECORDS MANAGEMENT
RECRUITMENT AND SELECTION DIVISION
 Camp Crame, Quezon City



PO1 RECRUITMENT APPLICATION FORM

2"x2" size photo taken within 3 months

PLEASE CHECK UNIT WHERE YOU ARE APPLYING:

- SAF
- MG
- PRO 1
- PRO 2
- PRO 3
- PRO 4A
- PRO 4B

RECRUITING UNIT / OFFICE

- PRO 5
- PRO 6
- PRO 7
- PRO 8
- PRO 9
- PRO 10
- PRO 11
- PRO 12
- PRO 13
- PRO ARMM
- PRO COR
- NCRPO

WARNING: This application must be filled out personally by the applicant. Any false information or misrepresentation made in this information sheet is a ground for disqualification and filing of criminal action against the applicant.

LAST NAME		FIRST NAME		QLFR	MIDDLE NAME	
PERMANENT MAILING ADDRESS (House No., Street, Town Province/City)						ZIP CODE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		CONTACT NUMBERS (Landline & Mobile)		E-MAIL ADDRESS		
CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		WIDOWER <input type="checkbox"/> SEPARATED		DATE OF BIRTH (mm/dd/yyyy)	AGE	PLACE OF BIRTH (City, Town Province)
WEIGHT (in kgs)	HEIGHT (in meters)	Member of NCIP/With NAPOLCOM Height/Age Waiver ONLY Type: Date Granted:				
ANY GOVERNMENT ELIGIBILITY						
<input type="checkbox"/> RA 1080 <input type="checkbox"/> RA 6506 <input type="checkbox"/> PD 907 <input type="checkbox"/> CSC PROFESSIONAL <input type="checkbox"/> CSC PO1 <input type="checkbox"/> NAPOLCOM Others (Specify):						
Have you ever been charged of any Administrative/Criminal Case in any Court or Investigative Body? <input type="checkbox"/> NO <input type="checkbox"/> YES # YES, please give the details: Kind of Offense, Date of Filing, Court/Investigative Body with Jurisdiction and Status of the Case. * Please attached here a copy of the decision and details ----->						
Have you ever applied for any position in the PNP? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, what vacancy? <input type="checkbox"/> PO1 <input type="checkbox"/> LATERAL ENTRY <input type="checkbox"/> NUP DENIED? _____ How many times? _____ Reason for DENIAL:						
DEGREE	COURSE COMPLETED	DATE GRADUATED (mm/dd/yyyy)	NAME OF SCHOOL	LOCATION		
PRIMARY						
SECONDARY						
BACHELOR'S DEGREE						
GRADUATE DEGREE						
LIST OF EMPLOYERS						
NAME OF COMPANY / EMPLOYER		ADDRESS	YEAR EMPLOYED	CONTACT NUMBER	REASON FOR SEPARATION	
LIST OF CONTACTS						
NAME		ADDRESS	CONTACT NUMBER			

I HEREBY CERTIFY that the information and/or statements in this application are all true and correct, and I am fully aware that any false information or statement provided by me in this application shall render me liable for criminal prosecution.

Signature Over Printed Name of Applicant

Date Accomplished