34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree?		□ YES ☑	NO
b. within the fourth degree (for Local Government Unit - Career Employees)?			NO
35. a. Have you ever been found guilty of any administrative offense?		☐ YES ☑ If YES, give details: N/A	NO
b. Have you been criminally charged before any court?		☐ YES ☑ NO If YES, give details: Date Filed: N/A Status of Case/s: N/A	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		☐ YES [If YES, give details: N/A	☑ NO
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?		☐ YES [If YES, give details: <u>N/A</u>	☑ NO
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?		☐ YES If YEŞ, give details:	☑ NO N/A
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?		☐ YES If YES, give details:	☑ NO :N/A
39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?		☐ YES If YES, give details (N/A	☑ NO (country):
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), ; 			
Are you a member of any indigenous group?		☐ YES If YES, please specify:	☑ NO N/A
b. Are you a person with disability?		☐ YES If YES, please specify I	☑ NO D No: N/A
Are you a solo parent?		☐ YES If YES, please specify I	☑ NO D No: <u>N/A</u>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /a	ppointee)		
NAME	ADDRESS	TEL. NO.	
MIRAFLOR C. ECHAGUE (SUPERVISOR, LAB SOLUTION TECHNOLOGIES, INC)	TACLOBAN CITY	639367352758	
ROGELIO D. BAŠAS (INDUSTRY LINK DEVELOPMENT OFFICER DESIGNATE, EVSU ORMOC)	ORMOC CITY	639776026054	AD
LOLITO C. BESTIL (THESIS ADVISER, VISAYAS STATE UNIVERSITY-MAIN CAMPUS)	BAYBAY CITY	639279953327	
42. I declare under oath that I have personally accomplished to complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized repres I agree that any misrepresentation made in this document administrative/criminal case/s against me.	nt laws, rules and regulations of the sentative to verify/validate the contents	Republic of the stated herein.	РНОТО
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance			
Government Issued ID: PHILHEALTH / TIN Gulf President			
ID/License/Passport No.: 132529511594 / 754974181000 Signature (Sign inside the b		ox)	
Date/Place of Issuance: 10/15/2019 / ORMOC CITY	. 07/10/20 Date Accomplished		Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	iting his/her validly issued of	government ID as indicated above.
	Person Administering Oat	th	