



REGIONAL OFFICE NO. _____

**Application for Grant of Eligibility Pursuant to
CSC MC No. 11, s. 1996, as amended (Category II)**

ID Picture Specification
Please refer to
item II.A.2
at the back of
this form.

INSTRUCTIONS : Fill in the required information. Put "n/a" for items not applicable to you. Submit this Form, together with the documentary requirements, to the CSC Regional/Field Office concerned. This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.

1. APPLICANT'S NAME : _____
Last name First name Ext. name (e.g. Jr.) Middle Name Middle Initial

2. MOTHER'S MAIDEN NAME : _____
Last name First name Middle Name ZIP CODE

3. COMPLETE PERMANENT ADDRESS : _____

4. SEX (M/F) : _____ 5. DATE OF BIRTH : _____ 6. PLACE OF BIRTH : _____
(mm/dd/yyyy) City/Municipality and Province

7. CIVIL STATUS : Single Married Others, specify _____ 8. CITIZENSHIP : _____

9. TEL. NO. _____ 10. CELLULAR PHONE NO. : _____ 11. E-MAIL ADDRESS : _____
(include area code)

12. EDUCATION (Highest Educational Attainment) : _____
 Level of Education: Elementary High School College Others, specify _____
 Name and address of school last attended : _____ Inclusive years: _____
(from-to)
 Completion: Not Graduated Highest Grade/Year/Level/Units earned: _____
 Graduated Date of Graduation/Completion _____
(mm/dd/yyyy)
 Complete Title of Course/Degree (for college) : _____ Major: _____

13. EMPLOYMENT (start from most recent) : _____

Agency/Office Name	Address	Position Title	Status of Appointment	Yrs. of Service (from-to)	Gov't Service? (Yes/No)

14. TEMPORARY APPOINTMENT INFORMATION : _____
 Complete Position Title _____ Status of Appt. _____ Date of Appt. (mm/dd/yyyy) : _____
 1st Rating Period: Numerical rating _____ Adjectival rating _____ 2nd Rating Period: Numerical rating _____ Adjectival rating _____

15. TITLE OF OTHER ELIGIBILITY/IES : 1) _____ Date of Conferment (mm/dd/yyyy) : _____
 2) _____ Date of Conferment (mm/dd/yyyy) : _____

I declare under oath that I **personally** accomplished this Form, and that the information given are true, correct and complete statements pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I understand that any misrepresentation made in this document shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative/criminal case/s against me.

Done this _____ day of _____ 20_____

Signature over printed full name of the applicant

DO NOT FILL BELOW THIS LINE.

Subscribe and sworn to before me this _____ day of _____ 20_____

Signature over printed full name of the Administering Officer

Office/Position

INDORSEMENT (application received in the CSCFO for indorsement to CSCRO, or from CSCRO to other CSCRO, to be filled up ONLY as applicable) :

ENDORSING the application of _____ to CSCRO No. _____, received by CSCRO/CSCFO on _____, for approval and processing of the grant of Skill (Category II) Eligibility.

Signature over printed full name of CSC Field/Regional Director/Date

ACTION TAKEN (for Processor only):

Approved for the grant of _____
(Title of Eligibility)
 Date of Effectivity (mm/dd/yyyy) : _____ Certificate of Eligibility No. _____
 Serial No. _____ Remarks _____

Disapproved due to _____

Signature over printed full name of Evaluation Officer/Date Signature over printed full name of Approving Officer/Date

ACKNOWLEDGMENT OF APPLICATION

Received the application of _____
Last name First name Middle Name
 for grant of _____
(Title of Eligibility)

Remarks: _____

Signature over printed full name of Receiving Officer

Date

ID Picture Specification
Please refer to
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at the back of
this form.

I (Evaluation Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer: _____	I (Processing Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer: _____
I (Evaluation Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer: _____	I (Processing Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer: _____

I. QUALIFICATIONS FOR THE GRANT OF SKILL ELIGIBILITY (Category II)

A. Checklist of Qualifications

- 1. Title of position in the list of positions under CSC MC No. 11, s. 1996, as amended. Specify complete position title _____
- 2. Status of appointment indicated on appointment paper is Temporary
- 3. Rendered service under temporary status for one year or at least 10 months
Specify inclusive dates: From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____
- 4. Rendered Very Satisfactory actual work performance for the two rating periods during the one-year temporary appointment

B. Evaluation on Qualifications for the Grant of Eligibility

- Qualified (all qualifications set are met). Application for approval.
- Not qualified. Application for disapproval. Specify qualification/s not met _____

II. DOCUMENTARY REQUIREMENTS FOR SUBMISSION (To be accomplished only for qualified applications; Put (x) for lacking items and/or "n/a" for items not applicable)

A. Checklist of GENERAL REQUIREMENTS

- 1. Properly accomplished CS Form 101-G, Revised, September 2013 (all fields properly filled out, with "n/a" indicated in all fields not applicable to the applicant)
- 2. Three (3) pieces of identical ID pictures with the following specifications:
 - Passport size (4.5 cm x 3.5 cm or 1.8 in x 1.4 in) Colored with white background Printed on good quality photo paper
 - Taken within three (3) months prior to filing of application Taken in full-face view directly facing the camera
 - Showing left and right ears With neutral facial expressions and both eyes open
 - In bare face (with no eyeglasses, colored contact lens, or any accessories that may cover the facial features; facial features not computer enhanced)
 - In standard close-up shot (from shoulder level up with head and face occupying at least 80% of the picture and with the name tag positioned at approximately 1 inch or 2.54 cm below the chin)
 - With HANDWRITTEN (not computer generated) name tag legibly showing SIGNATURE OVER PRINTED FULL NAME in the format: First Name, Middle Initial, Last Name, and Extension Name, if any (e.g. Peter S. Cruz Jr.)
- 3. Original and photocopy of any of the following I.D. Cards, which must be valid (not expired upon filing of application), and contains the name, clear picture, date of birth and signature of the applicant, and the name and signature of the issuing agency's current head/authorized representative (NOTE: Any other I.D. card NOT included in the list should NOT be accepted. Circle the ID card/s submitted by the applicant.
 - ◆ Current Office/Company ID ◆ GSIS ID ◆ PhilHealth ID
 - ◆ School ID (must be duly validated for the current school year) ◆ SSS ID ◆ Voter's ID
 - ◆ Passport (with signature of the applicant) ◆ Postal ID ◆ Barangay ID
 - ◆ BIR ID ◆ Driver's License ◆ Police Clearance (with picture)
- 4. Original and photocopy of Birth Certificate of the applicant authenticated/issued by the NSO [Note: In case the NSO Birth Certificate is not legible, or the NSO has duly issued a Negative Certification of Birth (NSO CRS Form No.1) printed in NSO security form, the applicant shall, in addition, submit the original and photocopy of his/her Birth Certificate authenticated/issued by the Local Civil Registrar.]
- 5. For female married applicants, original and photocopy of Marriage Certificate authenticated/issued by the NSO. In case the NSO Marriage Certificate is not legible, the applicant shall, in addition, submit the original and photocopy of her Marriage Certificate authenticated/issued by the Local Civil Registrar.
- 6. Certification of no pending Case/non-conviction of any offense (Use CSC SPEL Form 1, April 2012)
- 7. If filing of application is through a representative:
 - Authorization letter executed by the applicant; and
 - Original and photocopy of one (1) valid I.D card of the representative.

B. Checklist of SPECIFIC REQUIREMENTS: Skill Eligibility (Category II)

- 8. Original and photocopy of Appointment Paper of the applicant, specifically indicating the status of appointment as "Temporary". Note: Only "Temporary" status of appointment shall be considered for the grant of eligibility under Category II.
- 9. Certification (using the prescribed CSC-ERPO Cat. II Form No. 1, Revised Oct. 2009) from the agency head/highest HRMO that the appointee obtained at least Very Satisfactory rating for the two rating periods during the one-year temporary appointment
- 10. Statement of Actual Duties and Responsibilities (using the prescribed CSC-ERPO Cat. II Form No. 2, Jan. 2011) of the applicant executed by the applicant's immediate supervisor
- 11. Authenticated copy of the applicant's Performance Rating Form, duly confirmed by the agency's Performance Evaluation and Review Committee (PERC), for the two rating periods covered by the one-year temporary appointment

CERTIFICATION (to be accomplished only for qualified applicants with complete documents):

We certify that we have reviewed the qualifications and all the documentary requirements submitted by _____ on his/her application for the grant of _____ (Title or Eligibility), and found the same to be complete and in order.

Signature over printed full name of Evaluator
Position _____ Date _____

Signature over printed full name of Approving Officer
Position _____ Date _____

CSC Regional Office No. _____ may be reached at the following contact information:
Telephone No. : _____
Cellular Phone No. : _____
Fax No. : _____
E-mail address : _____
Contact Person : _____

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