PRC-HRDD is inviting qualified applicants (including next-in-rank employees) to apply for vacant positions listed in the attached sheets.

Applicants must submit their Letter of Intent per position applied and one set of the following:

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at www.csc.gov.ph
2. Performance rating in the last rating period (if applicable)
3. Photocopy of certificate of eligibility/rating/license
4. Photocopy of Transcript of Records
5. Latest Certificates of Relevant Trainings and Seminars attended

Additional requirements:

1. Medical Declaration Form (please see attached)

2. For those who are currently in the government service:
   a. National Bureau of Investigation (NBI) clearance
   b. Ombudsman Clearance
   c. Sandiganbayan Clearance
   d. Civil Service Clearance

3. For those in private sector:
   a. NBI Clearance
   b. Certificate of NO pending case or previous case (administrative, civil or criminal) from the current employer

4. Newly graduate
   a. NBI Clearance

Applicants may opt to apply for a **maximum of three (3) positions**. Indicate the order of preference of the positions they are applying for.

Only those who filed their letter of intent with complete requirements shall be considered for initial assessment and possible qualification for deliberation.

Medical Declaration Form

Family Name: _____ **Given Name:** _____

Date of Birth: ____/____/____ **Sex:** ☐ MALE ☐ FEMALE
(mm/dd/yy)

Position applying for: _____

FAMILY HISTORY OF THE APPLICANT

	NAME (Last Name, First Name, Middle name)	FAMILY MEMBERS AGE	FAMILY MEMBERS STATE OF HEALTH	DECEASED FAMILY MEMBERS AGE OF DEATH	DECEASED FAMILY MEMBERS CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS & SISTERS					

MEDICAL EXAMINATION FOR APPLICANT

- **Please circle your answer to each questions**

1. Have any of your parents, brothers or sisters had any hereditary disorders, high blood pressure of diabetes prior to age 60? YES / NO
2. Are you under medical treatment by diet, medicine or other means? YES / NO
3. Within past five (5) years, have you:
   a.) consulted any doctor or other health practitioner? YES / NO
   b.) submitted to ECG, X-rays, blood test or other test? YES / NO
   c.) attended or been attended to in any hospital or other medical facility? YES / NO
   d.) had any sexually transmitted disease? YES / NO

4.) Have you ever had tumor, limp, mass, cyst (cancerous of benign), or abnormal bodily Growth? YES / NO

5.) Have you ever consullted or been treated by physician for:

a.) **chest pain*, high blood pressure*,** heart disorder or murmur? YES / NO

b.) **asthama*, chronic cough*,** shortness of breath or lung disorder? YES / NO

c.) **diabetes*,** or sugar in urine? YES / NO

d.) **ulcer*, colitis*,** chronic diarrhea, hepatitis or other **liver*** or digestive disorder? YES / NO

e.) cancer, tumor, enlarged glands or enlarged lymph nodes? YES / NO

f.) anemia, bleeding or blood disorder? YES / NO

g.) fainting spells, **epilepsy*,** nervous or mental disorder? YES / NO

h.) urine, **kidney*,** or bladdder disorder? YES / NO

i.) arthritis? YES / NO

j.) any other illnes, surgery or injury? YES / NO

k.) Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? YES / NO

l.) a test indicating the presence of the Human Immuno-Deficiency Virus (HIV)? YES / NO

6.) Do you now have or have you ever had any other illness, disease, injury, deformity or physical defect? YES / NO

7.) Do you smoke or have you ever smoked tobacco or any of its products? If yes, how many sticks per day, or how long have you been smoking and reason for stopping(if applicable)? YES / NO

8.) Do you consume alcoholic beverages? If yes, how much per sitting? YES / NO

9.) Except as prescribed by a physician, have you ever use cocaine, heroin or other narcotics, marijuana, LSD or amphetamines? YES / NO

10.) Have you ever used/taken habit forming drugs or sought advice for alcoholism, drug abuse or other form of substance abuse? YES / NO

11.) Do you have any health symptoms or complains for which a physician has not been consulted or treatment has not been received? YES / NO

ANSWERED BY WOMEN ONLY

1.) Have you ever had gynecological problem(e.g. menstrual disorder or symptom of disease of breast, uterus or ovaries)? YES / NO

YES / NO

2.) Have you had any complication or abnormal pregnancy(e.g. miscarriage or premature labor, ectopic caesarian)? If yes, please describe

I hereby certify that the information I have provided in terms of my medical history is true, complete, and correct, and that all other documents submitted in relation thereto are genuine, accurate and authenticate.

I hereby agree to the PRC Privacy Notice and give my consent to the collection and processing of my personal data in accordance thereto.

_____

Signature of applicant over printed name