



# NATIONAL HEADQUARTERS PHILIPPINE COAST GUARD

## HUMAN RESOURCE MANAGEMENT COMMAND

56 ML Quezon St., Purok 1, New Lower Bicutan, Taguig City



### PROCESSING FORM

☐ OFFICER

☐ NON-OFFICER

Write all entries in **ALL CAPS** legibly and accurately. Write **NA** if not applicable. Use **BLUE BALLPEN** only. READ **INSTRUCTIONS** below before filling up.

<b>APPLICATION NUMBER</b>	(to be filled up by the PCG Personnel)	<b>AREA</b>	(to be filled up by the PCG Personnel)
LAST NAME:			
FIRST NAME:			
MIDDLE NAME:			
NAME EXT: Jr, II, III, etc.			
SEX	CURRENT AGE	DATE OF BIRTH (dd/mmm/yy)	MARITAL STATUS
		01 JAN 99	
HEIGHT (ft)		WEIGHT (kgs)	
<b>EDUCATIONAL ATTAINMENT:</b>		TESDA / COLLEGE COURSE	
<input type="radio"/> HIGH SCHOOL GRADUATE WITH TESDA		AVOID ABBREVIATIONS	
<input type="radio"/> COLLEGE UNDERGRADUATE WITH AT LEAST 72 UNITS			
<input type="radio"/> COLLEGE GRADUATE		UNITS EARNED FOR UNDERGRADUATE	
<input type="radio"/> COLLEGE GRADUATE WITH PRC			
<input type="radio"/> COLLEGE GRADUATE WITH CSE		PERMANENT ADDRESS (TOWN/MUNICIPALITY/CITY & PROVINCE)	
<input type="radio"/> COLLEGE GRADUATE WITH OTHER ELEGIBILITY: _____			
		MOBILE NUMBER 1	MOBILE NUMBER 2

**2x2 ID Photo**  
It must be front, facial, close-up, and taken within 3 months with name tag and white background

\*\*NOTE: Processors must sign over the applicant's 2x2 picture

#### SERVICE COMMAND CAREER PATH / PCG COMMAND PREFERENCES: (Please shade your choice. Choose only one)

MARITIME SAFETY	MARINE ENVIRONMENTAL PROTECTION	MARITIME SECURITY	LOGISTICS SYSTEMS	EDUCATION, TRAINING AND DOCTRINE	SURFACE SUPPORT/ SEAGOING VESSEL	SPECIAL OPERATIONS	AVIATION	WEAPONS, COMMUNICATIONS ELECTRONICS, INFORMATION SYSTEMS	CIVIL RELATIONS	HUMAN RESOURCE MANAGEMENT	STRATEGIC STUDIES	INTERNAL AUDIT (FINANCE)	INTERNAL AFFAIRS	INTELLIGENCE	LEGAL	MEDICAL	NURSING	ECUMENICAL	DENTAL	VETERINARY
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### INSTRUCTIONS:

1. This form is non-transferable.
2. This form is non-replaceable. In any case of loss, current application will be invalidated and considered as "UNINTERESTED"
3. This form serves as DIRECTIVE to the application to PCG. Applicants should always bring this form and present upon processing.
4. Applicants should endeavor to complete the process at the earliest possible time.
5. This form shall be submitted/return to HRMC or HRMU upon completion of the process or in case of any disqualification noted during the process.
6. Erasures will invalidate the Processing Forms

**I hereby certify that the aforementioned entries / information are true and correct to the best of my knowledge and belief. I also understand and abide the instructions regarding my application to the PCG service**

\_\_\_\_\_  
Signature over Printed Name

#### APPLICATION PROCESS

(to be filled up by PCG personnel)

	DATE	REMARKS	NAME OF SUPERVISING OFFICER / REPRESENTATIVE (Complete name must be written)	SIGNATURE
1. PCGABT				
2. PFT 1				
3. PFT 2				
4. MEDICAL				
5. DENTAL				

Recruitment Officer, PCG