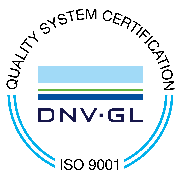
Republic of the Philippines

E A S T E R N V I S AY A S S T A T E U N I V E R S I T Y

Tacloban City

**NOMINATION FORM**

***Search for Private Sector Representative (s)***

***to the EVSU Board Of Regents***

|  |
| --- |
| Personal Data |
| 1. Full name   Family Name First Name Middle Name   1. Complete Permanent Address *(attach any valid ID issued by the government or by the company s/he is connected with or certification from the Barangay)*        1. Birth Date   Month Day Year   1. Birth Place: 2. Nationality: 3. Marital Status: 4. Contact Number:  * Mobile No.: sadadasdsd * Telephone No. (Office): * Telephone No. (Residence): * Email Address: |
| Educational Background |
| *(Attach a machine copy of your BS/College/ Graduate/Post-Graduate/Diploma or Certifications)*   |  |  |  |  | | --- | --- | --- | --- | | Name of School/Address  (Write in Full) | Program Completed | Year Completed | Scholarship and Awards Received | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Employment History/Background |
| * Employment/Service Record  |  |  |  |  | | --- | --- | --- | --- | | Name and Address of the Institution/Company | Position and Brief Job Description | Period of employment  (MM/DD/YYYY) | | | From | To | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Awards/Recognition Received/Innovations Introduced |
| *(Attach a machine copy of certificates received)*   |  |  |  |  | | --- | --- | --- | --- | | Awards/Recognition received during the last three years | Award Giving Body  (please indicate including a description whether it is local, regional, national or international) | Date of membership  (MM/DD/YYYY) | | | From | To | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Trainings Attended |
| *(Attach a machine copy of certificates received)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title of Learning and Development Interventions/Training Programs | Type of  Learning Development  ( Managerial/ Supervisory/  Technical/etc) | Conducted/ Sponsored by | Inclusive Date of Attendance  (MM/DD/YYYY) | | | From | To | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| Community Involvement |
| *(Attach a machine copy of certificate of participation or any other documents supporting your involvement)*   |  |  |  |  | | --- | --- | --- | --- | | Community Activity | Involvement  (Please indicate your role in the activity) | Inclusive Dates  (MM/DD/YYYY) | | | From | To | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Affiliation/Membership/Involvement whether in the professional group or local/ regional/international association or group |
| *(Attach a machine copy of certificate of membership)*   |  |  |  |  | | --- | --- | --- | --- | | Name of the Organization/Association | Involvement  (please indicate if you are a member, officer, consultant, etc. to describe your involvement) | Date of membership  (MM/DD/YYYY) | | | From | To | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Nominating Organization/Person: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature over Printed Name Date  of Duly Authorized Representative of Organization) |
| Conforme: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominee (Signature over Printed Name) Date |

REPUBLIC OF THE PHILLIPINES

CITY/MUNICIPALITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)SS.

SUBSCRIBED AND SWORN to before me, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 at \_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

Doc. No. \_\_\_\_\_;

Page No. \_\_\_\_\_;

Book No.\_\_\_\_\_;

Series of 2020.