



Reference No.: BatStateU-FO-OJT-02

Effectivity Date: August 22, 2016

Revision No.: 00

**STUDENT TRAINEE’S PERSONAL HISTORY STATEMENT**

“1X1”  
PICTURE

**Student Information**

LAST NAME: FIRST NAME: MIDDLE NAME:

AGE: SEX  MALE  FEMALE

HEIGHT: WEIGHT: COMPLEXION:

DISABILITY(IF ANY)

BIRTHDATE:        
(mm dd yy)

BIRTHPLACE:

CITIZENSHIP:

CIVIL STATUS:

PRESENT ADDRESS:

TEL NO.

PROVINCIAL ADDRESS

TEL NO.

**Family Background** (if parents are deceased, give data for the nearest relative and indicate relationship to applicant)

FATHER’S NAME:

OCCUPATION:

MOTHER’S NAME:

OCCUPATION:

ADDRESS OF PARENTS:

TEL. NO.:

GUARDIAN’S NAME:

TEL. NO.:

**SCHOOL INFORMATION**

COURSE:

YEAR LEVEL:

MAJOR:

LENGTH OF COURSE:

DEPARTMENT:

SCHOOL ADDRESS:

OJT COORDINATOR:

TEL. NO.:

OJT ASST. DIRECTOR:

TEL. NO.:

DEAN:

TEL. NO.:

In case of emergency, notify

NAME:

RELATIONSHIP:

ADDRESS:

TEL. NO.:

I hereby certify that the foregoing answers are true and correct to the best to my knowledge, belief and ability.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant’s Signature over Printed Name**