



COOPERATIVE:NAME OF APPLICANT:			
NAME OF AFFLICANT.	(LAST)	(FIRST)	(MIDDLE NAME)
PERSONAL EXPERIE GENERAL MANAGE	NEE RECORD O		
1.COMPLETE   City   Provincial   2.TEL/MOBILE NO.   1. DIRECTOR   1. DIR		E-MAI	L ADD:
4.HEIGHT:	5. WEIGHT:	Place6 MAI	PITAL STATUS:
7.NAME OF SPOUSE:		V. IVE	(17AB 6171105.
7.NAME OF SPOUSE:  8. NO. OF DEPENDENTS:  9. MINIMUM SALARY EXPECTED:  10. Are you related to an Officer, Board Member or employee of the Cooperative? If "Yes",			
please indicate nature a	and civil degree of	ember or employee or relationship, either by	of the Cooperative? If "Yes", consanguinity or affinity.
11. Indicate and attach as a you a re qualified.	Annex "A" why yo	ou are interested in the	position and why you believe
12. EDUCATION: Attach as Annex "B" record of educational attainment from high school to			
collège/post graduate i a) course or degree			
d) whether graduated of	or not e) licen	sure. if any.	isive years attended
<ul> <li>13. SEMINARS ATTENDED: Attach as Annex "C" all seminars and special trainings attended indicating a) title b) inclusive dates c) sponsor of training d) place held.</li> <li>14. EMPLOYMENT RECORD: Attach as Annex "D" record of ENTIRE past employment and show present employment indicating, among others the following: a) inclusive dates b) name and address of employer c) kind of business or organization d) exact title of position e) salary or earnings f) number and kind of employees supervised by you, if any g) reason for desiring to change employment h) description of duties and responsibilities.</li> </ul>			
present membership in civic organizations.			
16. REFERENCES: Attach as Annex "F" list of three persons not related to you who are in a position to know your work. Indicate a) name b) address c) occupation or business d) number of years of acquaintance.			
		Signature of	Applicant Over Printed Name
NOTE: Please submit eleven (11) copies each of the above mentioned requirements.			
Submit or Mail to:			
NATIONAL ELECTRIFIC Attention: Institutional De			

NIA Road, Government Center, Diliman, Quezon City, Metro Manila, Philippines Tel. No. 929-1909 or 928-0414 / E-mail Address: omdd\_idd@yahoo.com

NEA Building, NIA Road, Government Center

Diliman, Quezon City