



**HEADQUARTERS COAST GUARD
HUMAN RESOURCE MANAGEMENT SERVICE**

56 Manuel L. Quezon St., Purok 1, New Lower Bicutan Taguig City
cghrms@coastguard.gov.ph

A P P L I C A T I O N F O R M

COMMISSIONSHIP ENLISTMENT

2 X 2 Picture
(Taken within 3 months with name tag and white background)

(Please read the initial qualifications before filling out this form. Do not apply if not qualified. Write all entries in ALL CAPS legibly and accurately. Use BLUE BALLPEN only. Write NA if not applicable. Inadequate entries of this form and incomplete requirements upon submission may invalidate your application.)

VENUE	DATE OF EXAM	CONTROL NUMBER

PERSONAL	LAST NAME		FIRST NAME		MIDDLE NAME		NAME EXT		
	BIRTH DATE		BIRTH PLACE		CITIZENSHIP		GENDER	CURRENT AGE	MARITAL STATUS
	dd	mm	yyyy						
	HEIGHT	WEIGHT	MOBILE NUMBER 1		MOBILE NUMBER 2		EMAIL ADDRESS		
	in feet	in kgs							

EDUCATION	LEVEL	COURSE	INCLUSIVE DATES		GRADUATE / UNDERGRADUATE	UNITS EARNED
	COLLEGE	Full Name of Course	FROM	TO		
	POST GRADUATE	Full Name of Course	(month-year)	(month-year)		
	PRC / CIVIL SERVICE ELIGIBILITY* (REQUIRED FOR COMMISSIONSHIP)					RATING

SKILLS	LEVEL	COURSE	INCLUSIVE DATES		COMPETENCY LEVEL			
	TESDA	Full Name of Course	FROM	TO	NC I	NC II	NC III	NC IV
	SKILLS (INDICATE AT LEAST THREE (3))			(month-year)	(month-year)			

SERVICE COMMAND CAREER PATH PREFERENCES: (Write 1 and 2 for First and Second Choice respectively)

FUNCTIONAL SERVICE			OCCUPATIONAL SERVICE							TECHNICAL SERVICE						
MARITIME SAFETY	MARITIME ENVIRONMENTAL PROTECTION	MARITIME SECURITY	PILOTS AND AVIATION	DIVERS	HUMAN RESOURCE	FINANCE	LOGISTICS	EDUCATION AND TRAINING	TELECOMMUNICATION AND INFORMATION	MAINTENANCE AND REPAIR	COMMUNITY RELATIONS	LAWYER AND LEGAL MATTERS	MEDICAL AND HEALTH SERVICE	VETERINARY SERVICE	DENTISTS	CHAPLAINS (PRIEST AND IMAMS)

THIS IS TO CERTIFY that all entries above are true and correct and that I support all information contained herein with original or authenticated documentary proofs. Any false information/statement or failure to enclose any material fact may result to disqualification of my application.

Applicant's signature over printed name Date

To be filled up by Recruitment Officer/Representative

QUALIFIED DISQUALIFIED

NAME OF RECRUITMENT OFFICER/ REPRESENTATIVE

PCG EXAMINATION STUB

VENUE	DATE OF EXAM	CONTROL NUMBER

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

NAME EXT: _____

To be filled up by Recruitment Officer/Representative

QUALIFIED DISQUALIFIED

NAME OF RECRUITMENT OFFICER/ REPRESENTATIVE

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ATTACHED REQUIREMENTS (Photocopy only):
* PERSONAL INFORMATION SHEET (CGHRMS-RB FORM 2019-02)
* PSA BIRTH CERTIFICATE
* TRANSCRIPT OF RECORDS (Authenticated by School)

* COLLEGE DIPLOMA / TESDA CERTIFICATE
* PRC LICENSE / CSE CERTIFICATE (For Commissionship)

Note: Kindly Present ORIGINAL DOCUMENTS for verification.