## Republic of the Philippines CIVIL SERVICE COMMISSION Regional Office No.

CS Form 101-E (Revised, April 2012) THIS FORM IS NOT FOR SALE. REPRODUCTION IS ALLOWED.

## Application for Grant of Eligibility Pursuant to R.A. 7160 (Barangay Official)

INSTRUCTIONS: Fill in the required information. Put "n/a" for items not applicable to you. Submit this Form, together with the documentary requirements, to the CSC Regional/

Recent ID Photo Passport size (4.5 cm x 3.5 cm)

White background

white background in close-up shot (from shoulder level up with head & face occupying at least 80% of the picture and with name tag at approx. 1° below the chin) In bare face (without eye glasses/ colored contact lens/any facial accessory; facial features not computerenhanced)

Showing left and right ears With hand-held & written (not computerized) and legible name tag showing signature over complete printed name in the format FN-MI-LN-EN

accessory; facial features not computer-enhanced) Showing left and right ears
With hand-held & written (not computerized) and legible name tag

showing signature over complete printed name in the format FN-MI-LN-EN

Field Office concerned. (Note: This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.) 1.APPLICANT'S NAME: 2. MOTHER'S MAIDEN NAME: \_\_\_\_\_ 3. COMPLETE PERMANENT MAILING ADDRESS: \_\_\_\_ 6. PLACE OF BIRTH (City/Municipality & Province): 4. SEX (M/F): \_\_\_\_\_ 5. DATE OF BIRTH (mm/dd/yyyy): \_\_\_ 7. CIVIL STATUS: O Single O Married O Legally Separated O Annulled O Widowed O Others, specify \_\_\_\_\_\_\_\_8. CITIZENSHIP: \_\_\_\_\_\_ \_\_\_\_\_\_ 10. CELLULAR PHONE NO.: \_\_\_\_\_\_ 11. E-MAILADDRESS: \_\_\_\_\_ 12. EDUCATION (Highest Educational Attainment) Level of Education: O Elementary O High School O College O Master's O Doctorate Completion: O Graduated O Not Graduated If not graduated, highest Grade/Year/Level/Units earned: \_\_\_ If graduated, date of Graduation/Completion (mm/dd/yyyy): \_\_\_\_\_\_ Honors received: \_\_\_\_ Complete Title of Course/Degree (for college, master's, doctorate): \_\_\_\_\_ Inclusive years: Name & address of school attended: 13. EMPLOYMENT (Present & Previous): Ageny/Office Address Position/Job Title Status of Appt./Employment Gov't Service? Inclusive Years 14. Barangay Service Information \_\_\_\_\_ City/Municipality\_\_\_ Barangay \_\_\_\_\_ \_\_\_\_\_\_ Date of Election/Appointment \_\_\_\_\_\_ Inclusive dates of completed term of office: From \_\_\_\_ Position held\_ (mm/dd/yyyy) \_\_\_\_\_ Date of Conferment \_ 15. Other Eligibility/ies: Title of Eligibility 1) I declare under oath that I personally accomplished this Form, and that the information given are true, correct and complete statements pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I understand that any misrepresentation made in this document shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative/criminal case/s against me. Done this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 20\_\_\_\_\_. Signature over full printed name of the applicant DO NOT FILL BELOW THIS LINE. Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_ Office/Position Signature over full printed name of Administering Officer **INDORSEMENT** (CSCFO to CSCRO or CSCRO to CSCCO; To be filled up ONLY as applicable): ENDORSING the application of \_\_\_\_\_\_\_\_to CSCRO No. \_\_\_\_\_/CSCCO as received by CSCFO-\_\_\_\_ CSCRO No. \_\_\_\_\_\_ on \_\_\_\_\_, for approval and processing of the grant of Barangay Official eligibility. Signature over full printed name of CSC Field/Regional Director / Date Approved O Disapproved due to O For Compliance **ACTION TAKEN** (for Processors only): \_\_\_\_\_\_ Date of Effectivity (mm/dd/yyyy) \_\_\_\_ Title of Eligibility \_\_\_ O.R. No.: \_\_\_\_ O.R. No.: \_\_\_\_ Serial No. \_\_\_\_\_\_ Remarks \_\_\_\_\_ Date: \_\_\_\_ Date: \_ Certificate of Eligibility No. \_\_\_\_ Amount: Amount: Signature over full printed name of 2<sup>nd</sup> Processor/Date Signature over full printed name of 1st Processor/Date Collecting Officer Collecting Officer (Evaluation Fee) Recent ID Photo APPLICATION RECEIPT O.R. No.: O.R. No.: \_\_\_\_ ssport size (4.5 cm x 3.5 cm) Date: Date: White background In close-up shot (from shoulder level up with head & face occupying at least Received the application of \_\_\_ Amount: \_\_\_\_ Amount: Last Name First Name 80% of the picture and with name tag at approx. 1" below the chin) for grant of eligibility under special laws & CSC issuances at CSCRO/FO\_ Collecting Officer Collecting Officer In bare face (without eye glasses/ colored contact lens/any facial

Signature over full printed name of Receiving Officer/Date

1.	QUALIFICATIONS FOR THE GRANT OF BARANGAY OFFICIAL E	LIGIBILITY (	BOE)		,	•
	A. Checklist of Qualifications  □ 1. Elective official: ○ Punong Barangay/Brgy. Captain Specify inclusive dates of completed term of office: From (ii □ 2. Appointive official: ○ Brgy. Treasurer ○ Brgy. Se Specify inclusive dates of term of office of the concerned appoin □ 3. Completed the term of office specified by the prevailing law □ 4. Name of applicant is included in the corresponding Master	mm/dd/yyyy) ecretary iting Punong B v (for elective	arangay: From (mm/dd/yyyy) official)/corresponding to the	To (mm/dd/yyyy)	To (mm/dd/yyyy)	
	<ul> <li>B. Evaluation on Qualifications for the Grant of Eligibility</li> <li>Qualified (all qualifications set are met). Application for approve</li> <li>Not qualified. Application for disapproval. Specify qualifications</li> </ul>					
II.	DOCUMENTARY REQUIREMENTS FOR SUBMISSION (To be accomplis	hed only for a	qualified applications; Put a	sterisk (*) for lacking i	items and/or "n/a" for items not app	licable
	A. Checklist of GENERAL REQUIREMENTS:  □ 1. Properly accomplished CS Form 101-E, Revised April 201: □ 2. Three (3) pieces of identical, recent I.D. pictures with the form 101 in the property of the propert	ollowing specifiund assory, facial feat e occupying at lea owing signature or OVE SPECIFICA ch must be valer 1.D. card N • GSI: • SSS • PRC • Driv thenticated/iss e applicant shall, in riage Certificate authenticated authenticated manning administrate, using on letter execut	fications:  Printed on quality photo urres not computer-enhanced) as 80% of the picture and with the ver complete printed name in the fon THONS. Ilid (not expired) upon filing or OT included in the list shall N S UMID S LD. C License er's License ued by the NSO [Note: In case n addition, submit the original and ph e authenticated/issued by the cated/issued by the Local Civil Reg strative and/or criminal case the prescribed CSC SPEL I ed by the applicant; and	paper  Showin name tag positioned at appropriate First Name-Middle Initial paper of the American State of Philheath I.D. (ATM to Voter's I.D. Postal I.D. Barangay I.D. the NSO Birth Certificate in otocopy of his/her Birth Certificate in NSO (Note: In case the strar.) before any count/authoform 1, April 2012 Original and photocopy	g left and right ears proximately 1" below the chin) Il-Last Name-Extension Name Is the applicant's name, picture and sig le the I.D. card/s submitted by the apply It if cate authenticated/issued by the Local Civil R INSO Marriage Certificate is not legible, the apprized body, and that he/she has never	Negative Registrar applican er beer entative
	Specify requisite/s to address the deficiency/ies O Data on documents with discrepancy/ies.	rendered by g been duly e ot employed in um for holding Barangay Trea g Punong Bara ppointed Barar SC Regional klist/s marked	the barangay official lected or appointed such as the government during his/g a position in an ex-officio surer), notarized Affidavit stangay officials issued by the Di Office in verifying authentic with asterisk (*) for compliance	election returns and a her term of office, or s capacity, during his/h ating that the appointi LG (agency to agency ity of information supp ance.	appointment paper service requirement, and that he/she er term of office or service requirem we barangay official is not related up concern; to be submitted by DILG to Colied by the barangay official	ent. to the
	Signature over full printed name of 1st Pro			r full printed name of 2		
	RTIFICATION (To be accomplished only for qualified applicants with complex with the complex of the Barangay Official eligibility, and found the same to the same t	omplete documentary is to be completed	ments): requirements submitted by _	Signature ov		
	RTIFICATION (To be accomplished only upon submission of ALL documents)  We certify that	_ has submitted the complete c	ed onied documents/requisites an	the marked docu d found the same to  Signature ov	ments for compliance/requisites add be satisfactory and in order.  er full printed name of 2 <sup>nd</sup> Processor	
		Position			Position	
	CSC Regional Office No may be read	ched at	csc	Field	Office may be reached at	
	the following contact numbers:  Telephone :  Cellular :  Fax :		the following cont Telephone : Cellular : Fax :			
	E-mail add :		E-mail add :	•		
	Contact Person :		Contact Person :			