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|  | |  | | --- | | **ID picture taken within the last 6 months** | |

***TEMPLATE CURRICULUM VITAE***

***Note:*** *All of the information shall be microfinance-related or specific to the officer/trustee/employees’ office/position. Any information obtained by the Microfinance NGO Regulatory Council (MNRC) in this application shall be treated as confidential and proprietary in nature and shall not be made available to the public, subject to the exceptions provided under the Data Privacy Act of 2012 (Republic Act No. 10173), its implementing rules and regulations, applicable issuances of the National Privacy Commission, and other applicable privacy laws*

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| 1. **PERSONAL INFORMATION** | | | | | | | | |
| SURNAME | | |  | | | | | |
| FIRST NAME | | |  | | | | | |
| MIDDLE NAME | | |  | | | | | |
| DATE OF BIRTH  (MM/DD/YYYY) | | |  | | | | | |
| PLACE OF BIRTH | | |  | | | | | |
| SEX | | |  | | | | | |
| CIVIL STATUS | | |  | | | | | |
| TELEPHONE NUMBER | | |  | | | | | |
| MOBILE NUMBER | | |  | | | | | |
| E-MAIL ADDRESS | | |  | | | | | |
| RESIDENTIAL ADDRESS |  | | | | PERMANENT ADDRESS |  | | |
| House/Block/  Lot/No. | | Street | | House/Block/  Lot/No. | | Street |
|  | |  | |  | | |
| Subdivision/  Village | | Barangay | | Subdivision/  Village | | Barangay |
|  | |  | |  | | |
| City/  Municipality | | Province | | City/  Municipality | | Province |
| 1. **EDUCATIONAL BACKGROUND** | | | | | | | | |
| LEVEL | | NAME OF SCHOOL  *(Write in full)* | | BASIC EDUCATION/  DEGREE/COURSE  *(Write in full)* | | | YEAR  GRADUATED | |
| ELEMENTARY | |  | |  | | |  | |
| SECONDARY | |  | |  | | |  | |
| COLLEGE | |  | |  | | |  | |
| GRADUATE STUDIES | |  | |  | | |  | |

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| 1. **RELEVANT WORK EXPERIENCE**   *(Start from your recent work. Kindly include the relevant work experience in the last five [5] years. Continue on a separate sheet if necessary.)* | | | | |
| INCLUSIVE DATES  *(mm/dd/yyyy)* | POSITION TITLE  *(Write in full/Do not abbreviate)* | COMPANY  *(Write in full/Do not abbreviate)* | | STATUS OF EMPLOYMENT |
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| 1. **RELEVANT TRAINING PROGRAMS ATTENDED**   *(Start from the most recent training program and include only the relevant training programs attended in the last five [5] years. Continue on a separate sheet if necessary.)* | | | | |
| TITLE OF TRAINING PROGRAMS  *(Write in full)* | | INCLUSIVE DATES  *(mm/dd/yyyy)* | CONDUCTED BY  *(Write in full)* | |
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