

## ANNEX II. PCGA APPLICATION FORM

PHILIPPINE COAST GUARD AUXILIARY _____ AUXILIARY SQUADRON <b>MEMBERSHIP APPLICATION</b>				
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Re-enrollment		<input type="checkbox"/> Transfer of Squadron
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
OTHER NAMES USED:				
HOME ADDRESS				
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower		NAME OF SPOUSE		NO. OF CHILDREN
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	
SCARS OR MARKS AND OTHER DISTINGUISHING FEATURES:				
SSS/GSIS NO.		DATE OF BIRTH		PLACE OF BIRTH
CITIZENSHIP		RELIGION		BLOOD TYPE
TEL. NO. (HOME)		TEL. NO. (BUSINESS)		MOBILE PHONE
EMAIL 1		EMAIL 2		FAX NO.
ACR NO. (IF ALIEN)	PASSPORT NO./EXPIRY DATE	TYPE OF VISA ISSUED		TIN NO.
<b>SECTION II – EDUCATIONAL BACKGROUND – College/Post-Grad/Special Studies</b>				
NAME OF SCHOOL	DEGREES OBTAINED	INCLUSIVE DATES	YEAR GRADUATED	
<i>(Attached photocopies of either the transcript of records, diploma or PRC certificate)</i>				
<b>SECTION III – EMPLOYMENT/OCCUPATIONAL BACKGROUND</b>				
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> OWN BUSINESS		
COMPANY	COMPANY	COMPANY	COMPANY	
<i>(Attached latest employment's certification, SEC Registration, Art. Of Incorporation or DTI Registration)</i>				
FOR PAST OR CURRENTLY IN GOVERNMENT POSITION – Please state highest Appointment/Elected Office				
Position/Period Assumed:				
Nature of Office:				
<i>(Attached certification from the Office concerned)</i>				
<b>SECTION IV – ADDITIONAL DATA</b>				
PROFESSIONAL LICENCES:				
SPECIAL TRAININGS:				
SPECIAL INTERESTS/SKILLS:				
<i>(Attached photocopies of license/s or certificate/s)</i>				

**SECTION V – EMERGENCY CONTACT INFORMATION**

LAST NAME	FIRST NAME	MI	SUFFIX	RELATIONSHIP
ADDRESS				
TEL NO. (HOME)		TEL NO. (BUSINESS)		MOBILE PHONE NO.

**SECTION VI – READINESS INPUT**

A. FUNCTIONS YOU WANTED TO BE INVOLVED IN: (Please check choice/s)

MARSAR – Maritime Search and Rescue  
 MAREP – Marine Environmental Protection  
 MARSAF – Maritime Safety  
 COMREL – Community Relations (Civic action activities i.e. Medical/Dental Missions; Youth development)

B. ANSWER B1 AND CHECK APPROPRIATE ANSWERS FOR B2 TO B4:

1. What is your purpose in joining the PCGA? (in at least 50 words you may use separate sheet)  
 2. Are you willing to be trained?  Yes  No  
 3. Are you willing to travel outside of your home area?  Yes  No  
 4. Are you available on call 24 hours?  Yes  No If No, need \_\_\_\_\_ days/advance notice

**SECTION VII – ASSETS/RESOURCES AVAILABLE TO PCGA PROJECTS**

(This data will be used for reference as available resources in times of disaster/emergency only and does not mean a full turn-over to PCG/PCGA of said items/equipment)

ITEMS/CLASSIFICATION	QUANTITY	DESCRIPTION
WATERCRAFT (Boat)		Name _____ Type _____ Speed _____ Power _____ Range _____ Full Capacity (Ltrs/Gals) _____
AIRCRAFT		
LAND TRANSPORTATION		
AMBULANCE/FIRETRUCKS		

OTHER EQUIPMENTS (Please specify) i.e. Communications: Telephone, 2-way radios, generators, etc.

MANPOWER (Please specify-Doctors/Dentists/Nurses/Support Staff, etc)

**SECTION VIII – ORGANIZATIONS**

**LIST OF ORGANIZATIONS OR SOCIAL GROUPS WHICH YOU HAVE BEEN A MEMBER OF:**

ORGANIZATION	PLACE	DATE OF MEMBERSHIP	POSITION HELD

**SECTION IX – REQUIRED CLEARANCES and ATTACHMENTS**

a. NBI CLEARANCE	a. NBI CLEARANCE
b. POLICE CLEARANCE	b. POLICE CLEARANCE
c. BARANGAY CLEARANCE	c. BARANGAY CLEARANCE
d. ORIENTATION SEMINAR CERTIFICATE (copy)	d. ORIENTATION SEMINAR CERTIFICATE (copy)

*(All of the listed items must be included with the application package)*

**SECTION X – MISCELLANEOUS**

COPY THE FOLLOWING PARAGRAPH IN YOUR OWN HANDWRITING.

“As Luis F. Repazo of 105<sup>th</sup> Xavier Ave., guzzled his way through three bottles of brandy, Josephine Z. Quinsing, a partner in the law firm of San Diego and Ballesteros, located at 2879 Valley Forge St., Quezon City, turned to Richard Ting Sr., a Chinese food expert from O.W. Kwantung Company Ltd., 346 Hadji Jairula Hussein Blvd., and said, “I can’t for my Government but I’m quite sure your country and mine better get together for closer understanding.”

**SECTION XI – APPLICANT STATEMENT AND SIGNATURE**

I have ( ) have not ( ) been convicted of a violation of any laws of the Republic of the Philippines, classified as a major misdemeanor or a felony, (If convicted of a major misdemeanor or felony, state specifics, including date, city & state offense/s occurred, disposition and comments and attach to this application.) I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the Philippine Coast Guard or Philippine Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the Philippine Coast Guard Auxiliary.  
 I PLEDGE TO SUPPORT THE PHILIPPINE COAST GUARD AUXILIARY AND ITS PURPOSES AND TO ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE PHILIPPINE COAST GUARD.

NAME AND SIGNATURE OF SPONSOR	DATE	NAME AND SIGNATURE OF APPLICANT
-------------------------------	------	---------------------------------

THUMBMARKS

LEFT	RIGHT
------	-------

Please paste here  
 2 x 2 colored photo  
 with white background

**SECTION XII – SQUADRON DIRECTOR ENDORSEMENT**

APPLICANT IS: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED	SQUADRON DIRECTOR SIGNATURE	DATE
---	-----------------------------	------

*Note: If applicant is not accepted, explain in detail below*


## MEMBERSHIP APPLICATION

1. **GENERAL** – Everyone requesting membership in the Philippine Coast Guard Auxiliary must complete this form.
  - a. Read all instructions carefully
  - b. This form is used to supply new member personal information for entry into the Auxiliary database.
  - c. USE BLUE OR BLACK INK FOR COMPLETING THE WRITTEN PORTION OF ALL OF THESE FORMS.
2. **SECTION I – PERSONAL DATA OF APPLICANT** – To be completed by applicant.
  - a. LAST NAME, FIRST NAME, MIDDLE NAME and SUFFIX – Enter full legal name
  - b. OTHER NAMES USED – List all other names you were known by or are now using. If you are female, and are or have been married, include maiden name, and other married names if married more than once. Identify maiden name with “NEE”.
  - c. GENDER – Check one of the genders.
  - d. HOME ADDRESS – Enter current home address.
  - e. MARITAL STATUS – Check one of the marital status.
  - f. NAME OF SPOUSE – Use spouse’s given name – no nicknames
  - g. NO. OF CHILDREN – Indicate number
  - h. HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR – Enter appropriate answers
  - i. SCARS OR MARKS AND OTHER DISTINGUISHING FEATURES – Enter description
  - j. SSS/GSIS NO. – Enter SSS or GSIS No. as the case maybe
  - k. DATE OF BIRTH, PLACE OF BIRTH – Enter DOB using MM/DD/YY numeric format, 01/18/45. Membership eligibility begins with 18 years of age.
  - l. CITIZENSHIP, RELIGION, BLOOD TYPE – Enter appropriate answers.
  - m. TEL. NOS. (HOME), (BUSINESS) & MOBILE PHONE – Enter phone numbers.
  - n. EMAIL 1, EMAIL 2, & FAX NO. – Enter email addresses and fax no.
  - o. ACR NO./PASSPORT NO./EXPIRY DATE, TYPE OF VISA & TIN NO. – Enter corresponding nos. Attach photo copies of ACR AND PASSPORT.
3. **SECTION II – EDUCATIONAL BACKGROUND – College/Post-Grad/Special Studies** – To be completed by applicant
  - a. Enter appropriate answers
  - b. Attach photocopies of either the transcript of records, diploma or PRC certificate.
4. **SECTION III – EMPLOYMENT/OCCUPATIONAL BACKGROUND** – To be completed by applicant
  - a. Enter appropriate answers
  - b. Attach latest employment’s certification, SEC Registration, Articles of Incorporation or DTI Registration. If Government employee, attach certification from the office concerned.
5. **SECTION IV – ADDITIONAL DATA** – To be completed by applicant
  - a. Enter appropriate answers.
  - b. Attach photo copies of licence/s or certificate/s.
6. **SECTION V – EMERGENCY CONTACT INFORMATION** – To be completed by applicant
  - a. Enter name, emergency contact’s relationship, address and phone numbers.
7. **SECTION VI – READINESS INPUT** – to be completed by applicant after the orientation seminar.
  - a. Answer B1 in at least 50 words. You may use a separate sheet.
  - b. Check appropriate answers for B2 to B4.
8. **SECTION VII – ASSETS/RESOURCES AVAILABLE TO PCGA PROJECTS** – To be completed by applicant after the orientation seminar.
  - a. Enter appropriate answers.
9. **SECTION VIII – ORGANIZATIONS** – To be completed by applicants
  - a. Enter appropriate answers.
10. **SECTION IX – REQUIRED CLEARANCES AND ATTACHMENTS** - To be attached to application
  - a. NBI Clearance (Original and 3 copies)
  - b. Police Clearance (Original and 3 copies)
  - c. Barangay Clearance (Original and 3 copies)
  - d. Orientation Seminar Certificate (copy)
  - e. Endorsement letter from the Squadron Director.
11. **SECTION X – MISCELLANEOUS** – To be completed by applicant
  - a. To be copied by the applicant in his own handwriting.
12. **SECTION XI – APPLICANTS STATEMENT AND SIGNATURE** – To be completed by the applicant and sponsor.
  - a. Felony/misdemeanor convictions – check appropriate answer to conviction statement. Review application and data to ensure accuracy, then sign and indicate date using either blue or black ink. The sponsor will co-sign the statement. The applicant will affix his thumb marks and attach his 2 x 2 picture.
13. **SECTION XII – SQUADRON DIRECTOR ENDORSEMENT** – To be completed by the Squadron Director.
  - a. The Squadron Director check appropriate decision then sign the application form and indicate the date.

# ANNEX III. APPLICANT'S PERSONAL HISTORY STATEMENT FORM

## PERSONAL HISTORY STATEMENT

### I N S T R U C T I O N S

1. Answer all the questions completely; if the question is not applicable, write "NA." Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records. Use the blanks pages at the back of this form for extra details on any question for which you do not have sufficient space.

2. Type, print or write carefully, illegible or incomplete forms will not receive consideration.

### W A R N I N G

1. The correctness of all statements of entries made herein will be investigated.

2. Any deliberate omission or distortion of material facts may give sufficient cause for denial of clearance.

3. The statement made herein is classified "**CONFIDENTIAL**." Revelation or use for purposes other than that authorized is prohibited by pertinent provisions of AFPRG 200-052.

---

#### **I. PERSONAL DETAILS**

A. Name: \_\_\_\_\_  
(Last) (First) (Middle)

B. Rank: \_\_\_\_\_ PCGSN: \_\_\_\_\_ Br/Svc: \_\_\_\_\_

C. Present Job / Assignment: \_\_\_\_\_

D. Business or Duty Address: \_\_\_\_\_

E. Home Address (Include St. & Nr): \_\_\_\_\_

F. Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

G. Change in Name (If by Court Action give details): \_\_\_\_\_

H. Nicknames: \_\_\_\_\_ Nationality: \_\_\_\_\_

I. TIN: \_\_\_\_\_ National Reg. Card: \_\_\_\_\_

J. Religion: \_\_\_\_\_ Blood Type: \_\_\_\_\_

#### **II. PERSONAL CHARACTERISTICS**

A. Description: Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ (cms) Weight \_\_\_\_\_ (kgs)  
Build (heavy, Medium, Light): \_\_\_\_\_ Complexion (Dark, Fair, Light): \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Scars or marks and other distinguishing features: \_\_\_\_\_

B. Physical Condition/Present State of health (Excellent, Good, Poor) \_\_\_\_\_

Physical or Mental Defects: \_\_\_\_\_ Recent Serious Illness: \_\_\_\_\_

**III. MARITAL HISTORY**

A. Marital Status: \_\_\_\_\_  
 (Single, Married, Separated or Widow)

B. Name of Spouse: \_\_\_\_\_  
 (Full Name)

Date and Place of Marriage: \_\_\_\_\_

Occupation and Place of Employment: \_\_\_\_\_

C. Children:

Name	Date of Birth	Citizenship

**IV. FAMILY HISTORY AND INFORMATION**

A. Father's Name: \_\_\_\_\_  
 (Full name)

Date and Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation and Place of Employment: \_\_\_\_\_

Citizenship: \_\_\_\_\_ if naturalized, give date and place where naturalized

B. Mother's Name: \_\_\_\_\_  
 (Full Name)

Date and Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation and Place of Employment: \_\_\_\_\_

Citizenship: \_\_\_\_\_ if naturalized, give date and place where naturalized

C. Brothers and Sisters

NAME	AGE	ADDRESS	OCCUPATION

D. Step-parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_

Occupation and Place of Employment \_\_\_\_\_

Citizenship \_\_\_\_\_ if naturalized, give date and place where naturalized

E. Father-in-Law \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

(Street) (Bo/Brgy) (Town/City)

\_\_\_\_\_ Tel Nr \_\_\_\_\_

(Province)

Occupation and Place of Employment \_\_\_\_\_

Citizenship \_\_\_\_\_ If naturalized, give date and place where naturalized

F. Mother-in-Law \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

(Street) (Bo/Brgy) (Town/City)

\_\_\_\_\_ Tel Nr \_\_\_\_\_

(Province)

Occupation and Place of Employment \_\_\_\_\_

Citizenship \_\_\_\_\_ if naturalized, give date and place where naturalized

## V. EDUCATIONAL BACKGROUND

### A. Elementary

School	Location	Date of Attendance	Year Graduated

### B. High School

School	Location	Date of Attendance	Year Graduated

### C. College

School	Course	Location	Date of Attendance	Year Graduated

### D. Post Graduate

School	Course	Location	Date of Attendance	Year Graduated

### E. Other Schools Attended and Date of Attendance

School	Course	Location	Date of Attendance	Year Graduated

F. Civil Service Eligibility, if any, and others similar qualifications \_\_\_\_\_

\_\_\_\_\_

**VI. MILITARY HISTORY**

A. Date Enlisted in the AFP \_\_\_\_\_

B. Date of Commission \_\_\_\_\_ Source of Commission \_\_\_\_\_

C. Important Unit Assignment since Enlistment/CAD: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Military Schools Attended

Name of Schools & Location	Date of Attendance	Nature of Training	Rating

E. Decorations and Awards or Commendations Received

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. PLACES OF RESIDENCE SINCE BIRTH**

Inclusive Dates	Places/Address

**VIII. EMPLOYMENT**

Inclusive Dates	Type of Employment	Name/Address of Employment	Reason of Leaving

Have you ever been dismissed or forced to resign from a position? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain \_\_\_\_\_



**IX. FOREIGN COUNTRIES VISITED (In chronological order)**

Date	Country Visited	Purpose of Visit

**X. CREDIT REPUTATION**

- A. Are you entirely dependent on your salary? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, state other sources of income \_\_\_\_\_
- B. Name and Address of Banks or other Credit/Institution with which you have accounts/loans: \_\_\_\_\_
- C. Have you filed a statement of your Assets and Liabilities with any government agency  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what, agency? \_\_\_\_\_
- D. Have you filed your last income tax return? \_\_\_\_\_
- E. Three (3) credit references in the Philippines:

Name	Address

**XI. ARREST RECORD AND CONDUCT**

- A. Have you ever investigated / arrested, indicted or convicted for any violation of law? \_\_\_\_\_? If so, state name of court, nature of offense and disposition of case. \_\_\_\_\_
- B. Has any member of your family ever been investigated / arrested, indicated or convicted for any violation of law? \_\_\_\_\_ If so, state name of court, nature of the case and disposition of case. \_\_\_\_\_
- C. Have you, ever been charged in any Administrative Case? \_\_\_\_\_
- D. Have you ever been arrested or detained pursuant to the provision of PD 1081 and its implementation order (GO, PO, LOI)? \_\_\_\_\_ If so, state the nature of the case and the place of your detention \_\_\_\_\_
- E. Do you use intoxicating liquor or narcotics? \_\_\_\_\_ If so, what extent? \_\_\_\_\_

**XII. GENERAL REPUTATION**

- A. Give five (5) character references (not relatives) known three years or longer, who are not your relatives:

Name	Business Address/Residence (Include Street & Number)

B. List down three (3) neighbors at your present residence:

Name	Business Address/Residence (Include Street & Number)

**XIII. ORGANIZATION**

List of organization or social groups which you have been a member:

Organization	Address	Date of Membership & Position held

**XIV. MISCELLANEOUS**

A. Hobbies, sports and past times

\_\_\_\_\_

\_\_\_\_\_

B. Language and Dialect (indicate ability as fluent, fair or poor):

Language or Dialect	Speak	Read	Write

C. Are you willing to undergo periodic lie detection test? \_\_\_\_\_

D. Copy exactly the following paragraph in your own handwriting

As Luis E Rapazo III of 105<sup>th</sup> Xavier Ave guzzled his way through three bottles of brandy, Josephine Z Quinsing, a partner in law firm of San Diego and Ballesteros located at 2879 Valley Forge St., Quezon City turned to Richard Ting Sr., a Chinese food expert from O.W. Kwantung Company, Ltd., 346 Hadji Jairul Hussein Blvd., and said, "I can't speak for my Government but I'm quite sure your country and mine better get together for closer understanding."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing answers are true and correct to the best of my knowledge and belief and I agree that my misstatement or omission as to material facts will constitute ground for denial of my application for clearance.

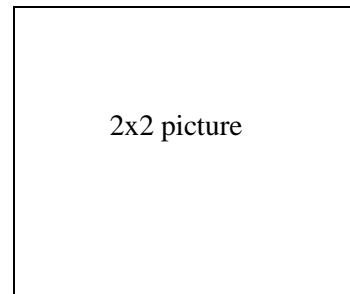
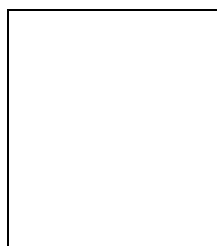
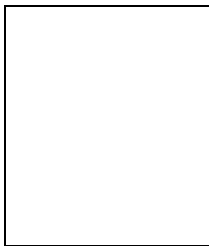
Signed at \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

THUMBMARKS



LEFT

RIGHT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
Philippines, affiant exhibited to me his /her Community Certificate Nr \_\_\_\_\_  
Issued on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Administrative Officer/Notary Public)

\_\_\_\_\_  
(Rank and Designation)

\_\_\_\_\_  
(TIN)

