



REGIONAL OFFICE NO. _____

Application for Grant of Career Service Eligibility - Preference Rating (CSE-PR) Based on Length of Service and Work Performance

ID PHOTO
 - Philippine passport size
 - showing 80% face capture
 - in bare face & showing left and right ears
 - with handwritten (not computer generated) name tag showing signature over printed full name
 (see illustration & more specifications at the back)

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 Office (RO)/Field Office (FO) concerned. 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: _____
Last name Given name Ext. name (e.g. Jr.) Middle Name Middle Initial

2. MOTHER'S MAIDEN NAME: _____
Last name Given name Middle Name

3. COMPLETE PERMANENT ADDRESS: _____
Last name Given name Middle Name ZIP CODE:

4. SEX (Male/Female): ____ 5. DATE OF BIRTH: _____ 6. PLACE OF BIRTH: _____
(mm/dd/yyyy) City/Municipality & Province

7. CIVIL STATUS: Single Married Widowed Annulled Legally Separated Others, specify _____

8. CITIZENSHIP: Filipino Filipino with dual citizenship, specify _____ 9. TEL. NO. _____
(include area code)

10. MOBILE PHONE NO.: _____ 11. E-MAIL ADDRESS: _____

12. HIGHEST EDUCATIONAL ATTAINMENT: Educ. level: High School/Senior High School Technical/Vocational College
 Post Graduate (Master/Doctorate) Others: _____

Completion: Not Graduated / ongoing If not graduated, highest Year/Level/Units earned, or taking up _____
 Graduated If graduated, date/year of Graduation/Completion _____ Honors received: _____

Complete Title of Course/Degree (except High School/Sr High School): _____ Major: _____

Name and Address of School Attended _____ Inclusive Years: _____ from-to

13. Information on the Examination Taken

Title of Examination to which the grant of CSE-PR shall be applied	General Rating Obtained	Mode of Exam <input type="checkbox"/> PPT <input type="checkbox"/> COMEX <input type="checkbox"/> Other
Place of Examination	Date of Examination	

I declare that **I personally** accomplished this Form, 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, and that I have neither filed any similar application with other CSC Regional or Field Offices nor have been granted any Civil Service eligibility via CSE-PR.

I understand that any misrepresentation made in this document and as to the truth of the foregoing declarations 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.

INDORSEMENT (application received in the CSCFO for indorsement to CSCRO, or from CSCRO to other CSCRO, to be filled up ONLY as applicable):

ENDORISING the application of _____ to CSC RO No. _____ as received by CSC RO No. _____ / CSCFO - _____ on _____, for approval and processing of the grant of Career Service Eligibility - Preferential Rating (CSE-PR).

 Signature over full printed name of CSC Field/Regional Director/Date

ACTION TAKEN (for Processor only):

- Approved** for the grant of CSE-PR
 Date of Approval (mm/dd/yyyy): _____ Certificate of Eligibility No. / Card No. _____
 Serial No. _____ Remarks _____
- Disapproved** due to _____
- For Compliance** _____

(Evaluation Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer _____	(Processing Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer _____
(Evaluation Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer _____	(Processing Fee) O.R No.: _____ Date: _____ Amount: _____ Collecting Officer _____

 Signature over full printed name of Evaluation Officer/Date

 Signature over full printed name of Approving Officer/Date



ACKNOWLEDGMENT OF APPLICATION

Application No. CSE-PR-_____ - _____

Received the application of _____
Last name Given name Middle Name

for the grant of Career Service Eligibility - Preference Rating (CSE-PR) at the CSCRO/FO _____.

Remarks: _____

 Signature over full printed name of Receiving Officer/Designation

 Date/Time

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I. QUALIFICATIONS FOR THE GRANT OF CAREER SERVICE ELIGIBILITY - PREFERENCE RATING (CSE-PR) FOR JOB ORDER, CONTRACT OF SERVICE, CASUAL, CONTRACTUAL, COTERMINOUS, CATEGORIES III & CATEGORY IV, AND FIRST LEVEL CAREER SERVICE (JOCOSC6) WORKERS IN GOVERNMENT

A. Checklist of Qualifications (Put (✓) mark on qualifications met; otherwise put (x) mark)

- 1. Applicant has at least 10 aggregate years of service in government as JOCOSC6.
2. Title of failed examination to which the CSE-PR shall be applied is:
3. Applicant has at least Very Satisfactory (VS) Rating, or its equivalent, in the latest/available two (2) rating periods preceding this application.
4. Applicant has filed the application for the grant of CSE-PR within six (6) months from the date of release of results of the examination taken.

B. Evaluation on Qualifications for the Grant of CSE-PR

- Qualified (all qualifications set are met). Application for approval.
Not Qualified. Application for disapproval. Specify qualification(s) not met

II. DOCUMENTARY REQUIREMENTS FOR SUBMISSION (To be accomplished only for qualified applications; (Put (✓) mark on requirements met; or put (x) for lacking items and/or "N/A" for items not applicable)

- 1. Properly accomplished CS Form 101-CSE-PR (07 December 2023) (all fields properly filled out, with "n/a" indicated in all fields not applicable to the applicant)
2. Three (3) pieces of identical ID pictures with the following specifications:
3. Original and photocopy of any of the following valid (not expired upon filing of application) ID Card containing applicant's name, clear picture, date of birth, signature, and with the name and signature of authorized issuing officer.
4. Original and photocopy of Birth Certificate of the applicant issued/authenticated by the then National Statistics Office (NSO) now Philippine Statistics Authority (PSA).
5. For married female applicants, original and photocopy of Marriage Certificate issued/authenticated by the NSO or PSA.
6. Printed copy of the Report of Rating as generated by the Online Career Service Examination Result Generation System (OCSEGRS) or any CSE result generation-application in the CSC Website;
7. Notarized Certificate of Actual Services Rendered signed by the Head of Office or the highest Human Resource Management Officer (HRMO) of the employing private contractor or service provider of the applicant...
8. Copy of the notarized employment contract/s, appointment/s or other evidence of employment as JOCOSC6 in any government agency covering the concerned aggregate period, certified as a true copy by the Head of Office or the highest HRMO of the employing agency or private contractor or service provider;
9. Copy of the notarized Performance Rating or its equivalent as JOCOSC6 worker covering the latest/available two (2) rating periods immediately preceding the filing of an application for the grant of CSE-PR with at least a Very Satisfactory (VS) rating, certified by the Head of Office or the highest HRMO concerned;
10. If the applicant's name has been changed, original/authenticated copy and photocopy of the Order/Resolution/Decision issued by the CSC or the Court on the correction of name of the applicant.
11. If filing of application is through a representative:

CERTIFICATION (To be accomplished only for qualified applicants with complete documents):

We certify that we have reviewed the qualifications and all the documentary requirements submitted by _____ on his/her application for the grant of the Career Service Examination - Preference Rating (CSE-PR) for JOCOSC6, and found the same to be complete and in order.

Signature over printed full name of Evaluator
Position _____ Date _____

Signature over printed full name of Approving Officer
Position _____ Date _____

CSC Regional Office No. _____ may be reached at the following contact information:
Telephone No. : _____
Cellular Phone No. : _____
Fax No. : _____
E-mail address : _____
Contact Person : _____

CSC _____ Field Office may be reached at the following contact information:
Telephone No. : _____
Cellular Phone No. : _____
Fax No. : _____
E-mail address : _____
Contact Person : _____