



# DEPARTMENT OF EDUCATION

Region X-Northern Mindanao

## DIVISION OF MALAYBALAY CITY

Corner Don Carlos-Guingona St., City of Malaybalay

Contact Numbers: 813-2894, 221-4597

Email Address: [depedmalaybalay@gmail.com](mailto:depedmalaybalay@gmail.com); Official website: [www.depedmalaybalay.net](http://www.depedmalaybalay.net)



June 3, 2013

Deped-MALAYBALAY CITY DIVISION

RELEASED

### DIVISION ADVISORY

Date: 6/3/13 Time: 2:31PM  
By: [Signature]

#### Invitation of CES Board for Written Examination

TO : Education Program Supervisors-Designate and Division Coordinators-Designate  
Public Schools District Supervisors  
Elementary and Secondary School Principals  
Section Heads and Staff  
All Other Concerned

1. This Office announces the conduct of the Career Executive Service Board (CESB) Written Examination on August 11, 2013 here in Cagayan de Oro City, the specific venue of which shall be announced in a separate advisory.
2. Annent thereto, this Office hereby encourages all qualified employees to take the examination. Qualified examinees are those occupying positions with supervisory functions including full-fledged school principals, supervisors, and administrative officers.
3. The test shall include Error Recognition, Reading Comprehension, Data Interpretation, Logical Reasoning, ICT and Current Events, Management Concepts and Problems and Essay. For reference, please find attached communication from CES Board.
4. Each applicant is required to pay the examination fee in the amount of One Thousand Pesos (P 1,000.00) which may be paid together with the filing of application form which can now be downloaded at [www.cesboard.com](http://www.cesboard.com). Filled up application form must be received by the Regional Office, attention Angelina B. Buaron, Education Program Supervisor, on or before July 5, 2013. For more queries and information, please contact the Office of the Promotional Staff at (088220 714576 and look for the above-mentioned supervisor.
5. For immediate and wide dissemination.

[Signature]  
**JEDILBERTO L. OPLENARIA**  
OIC, Schools Division Superintendent

Encl.:  
As stated

Copy furnished:  
Records Section

To be posted in the Division Website



Republic of the Philippines  
Department of Education  
**REGION X – NORTHERN MINDANAO**  
Gregorio A. Pablos Sr. Memorial Sports Center  
Velez Street, Cagayan de Oro City




**REGIONAL ADVISORY**

No. 32, s. 2013

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**ALLAN G. FARNAZO, Ph.D., CESO V**  
Officer In-Charge  
Office of the Regional Director

Encl. As stated



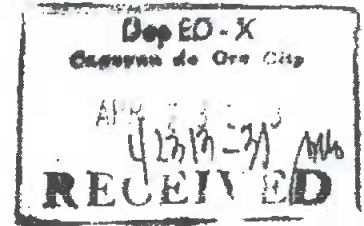
Republic of the Philippines  
**CAREER EXECUTIVE SERVICE BOARD**



No. 3 Marcelino Street, Holy Spirit Drive  
Diliman, Quezon City 1127  
Tel. Nos. (Trunkline) 9514981 - 82  
9514984 - 85; 9514988  
Direct line: 9514983 and 9514986  
Fax 9513306  
Website: www.cesboard.gov.ph

12 February 2013

**DR. ALLAN G. FARNAZO, CESO V**  
Schools Division Superintendent  
Officer-In-Charge, Office of the Regional Director  
Department of Education  
Gregorio A. Pelaez Sr. Memorial Sports Center  
Velez St., Cagayan De Oro City



**CES GOVERNING BOARD**

**NIEVES L. OSORIO, CESO I**  
*Chairman*

**FRANCISCO T. DUQUE III**  
*Ex-Officio Member and Vice-Chairman*

**REGULAR MEMBERS**

**CHARITO L. RLEGIB, CESO I**

**ANTONIO D. KALAW, JR., CESO I**  
*Ex-Officio Member*

**ANGELITO D. TWAÑO, CESO III**

**SUSANA D. VARGAS**

Dear Dr. Farnazo:

Greetings from the Career Executive Service Board (CESB)!

We are pleased to inform you of the Board's approval of your request for a department-based CES Written Examination for officials and employees of the Department of Education-Region X.

To facilitate the preparation of the examinees, please be informed that the revised CES Written Examination covers the following components:

- Error Recognition
- Reading Comprehension
- Data Interpretation
- Logical Reasoning
- ICT and Current Events
- Management Concepts and Problems
- Essay

The requirements and other details of the exam are specified in the attached application form. The examination fee of ONE THOUSAND PESOS (Php1,000.00) may be paid together with the filing of application forms or immediately before the examination proper.

You may coordinate with **Ms. ERCEE M. CAPATI** at telephone numbers 9514983/ 9514985 local 100 or 128 for the other arrangements.

Thank you.

Very truly yours,

  
**MARIA ANTHONETTE VELASCO-ALLONES, CESO I**  
Executive Director



*Isang Karunungan ang Matatag na Bata*

Republic of the Philippines  
**CAREER eXECUTIVE SERVICE BOARD**  
 No. 3 Marcelino St., Holy Spirit Drive, Quezon City  
 Tel. Nos. 951-4981 or 85 (trunkline) loc. 118 and 832  
 Website. www.cesboard.gov.ph

APPLICATION NO. \_\_\_\_\_

Recent  
 2" x 2"  
 Photo

## CES Written Examination Application Form

**IMPORTANT: READ THE 'NOTICE TO APPLICANT' BELOW BEFORE ACCOMPLISHING THIS FORM  
 DO NOT APPLY IF YOU ARE NOT QUALIFIED.**

### NOTICE TO APPLICANT

1. An applicant must be a Filipino Citizen of good moral character and possesses the following requirements:
  - A. Government Sector, Career Service**
    - A.1 He/she must have been appointed to a CES position; or
    - A.2 He/she must have been designated in an Acting Capacity or Officer-In-Charge (OIC) of a CES position for at least six (6) months; or
    - A.3 He/she must have been appointed to at least a Division Chief position (SG-24) and possesses at least two (2) years managerial experience.
  - B. Government Sector, Non Career Service**  
 He/she must have been appointed to a non-career position whether under coterminous or contractual status in any department or agency of the government with at least three (3) years managerial experience, and has served the government for the same period at the time of his/her application; provided he/she must have been occupying a position equivalent or higher than a Division Chief (SG-24).
  - C. Private Sector**  
 Outstanding men/women from outside the government may be allowed to take the written examination; provided he/she falls under any of the following categories:
    - C.1 A proprietor who is performing managerial/supervisory functions for at least three (3) years; and
    - C.2 An incumbent of a managerial position exercising supervisory functions, as defined under these rules, for a minimum period of three (3) years.
2. The following documents shall accompany this application form upon filing:
  - A. Copy of appointment paper** to present position authenticated by the office personnel / administrative officer;
  - B. Service record** authenticated by the office personnel/administrative officer;
  - C. Copy of the designation order** duly authenticated by the office personnel/administrative officer in case the applicant is presently designated in an acting capacity or officer-in-charge of a CES position for at least six (6) months;
  - D. Organizational Chart** showing the applicant's place in the organization and duly certified by the Office Personnel/ Administrative Officer;
  - E. Three (3) identical photographs, (size 2" x 2")** with full name tag that includes the surname, first name and middle initial taken not more than six (6) months before the filing of the application. Only two (2) of the three (3) 2" x 2" photographs shall be submitted upon filing of the application. The applicant shall keep the third 2" x 2" photograph and shall bring the same on the day of the examination for posting in the examinee seat plan. Pictures that are scanned, photocopied or computer-enhanced will not be accepted;
  - F. Admission fee of ONE THOUSAND PESOS (P1,000.00)** either in CASH or in POSTAL MONEY ORDER payable to the CAREER EXECUTIVE SERVICE BOARD. **PERSONAL CHECKS WILL NOT BE ACCEPTED;**
  - G. Photocopy of a valid Identification Card (ID)** containing the applicant's picture, signature, birth date and signed by the Authorized Official;

1. Long, brown envelope

3. Please make sure this form is completely filled up. Only applications with complete requirements, i.e. items A, B, C, D, E, F, G, H and I will be processed;

4. Applications that will be submitted after the deadline will automatically be included in the batch of applications that will be processed for the next exam schedule; and,

5. Accomplished application forms must be filed directly with the Career Executive Service Board, No. 3 Marcelino St., Holy

Spirit Drive, Diliman, Quezon City either personally or by mail. For inquiries, you may contact Tel. nos. 951-49 81 or 85 (Trunkline) locals 118 & 832

**Note:** Applicants who fail to meet the cut-off-score may be allowed to retake the test only after six (6) months reckoned from the date of his/her last examination.

THIS FORM IS NOT FOR SALE. REPRODUCTION IS ALLOWED.

more information at the back 

### A. PERSONAL CIRCUMSTANCES

1. SURNAME		FIRST NAME		MIDDLE NAME	
2. Name of Office and Office Address (please indicate the zip code)			3. Contact Numbers. Tel / Fax No(s):		
4. Home Address			Mobile No.:		
			Email Address:		
5. Date of Birth	6. Place of Birth	7. Age	8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
9. Citizenship	10. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated <input type="checkbox"/> Annulled	11. Height (Meters)	12. Weight (Kilos)		
13. Language/s or Dialect/s Spoken		14. Religion	15. Identifying Marks		
16. Name of Spouse (if married) _____					
Children _____		Gender _____		Birthdate _____	

### B. WORK EXPERIENCE

Present Employment:  Government Sector  Private Sector

17. Title of Present Position	18. Date Appointed to Present Position	19. Salary grade
20. If designated in OIC/Acting capacity, state present designation (Please attach certified true copy of the designation/special order.)		21. Date designated as OIC/Acting
22. Your duties (as per official designation). Please use separate sheet if necessary:		

23. Employment History in managerial positions (use separate sheet if necessary)

POSITION / OFFICE	INCLUSIVE DATES	SALARY GRADE

**C. EDUCATION (please use separate sheet, if necessary)**

Level of Education	School Graduated	Inclusive Dates	Degree Received	Academic Honors Received
College				
Graduate (MA/MS)				
Post Graduate(Ph.D)				
Vocational				
Others				

**D. SCHOLARSHIP/S RECEIVED**

Title _____	Title _____
Sponsor _____	Sponsor _____
Inclusive Dates _____	Inclusive Dates _____
<input type="checkbox"/> Local <input type="checkbox"/> Foreign	<input type="checkbox"/> Local <input type="checkbox"/> Foreign

**E. MAJOR CIVIC & PROFESSIONAL AFFILIATION/S**

Organization _____	Organization _____
Position _____	Position _____
Inclusive Dates _____	Inclusive Dates _____

**F. IMPORTANT STUDIES/RESEARCHES/PAPERS WRITTEN**

Title _____	Title _____
Publisher _____	Publisher _____
Date _____	Date _____

**G. AWARD/S RECEIVED**

Title _____	Title _____
Sponsor _____	Sponsor _____
Date _____	Date _____

**H. FIELD/S OF SPECIALIZATION / EXPERTISE**

<input type="checkbox"/> Agrarian Reform	<input type="checkbox"/> Health & Medical Science	<input type="checkbox"/> Social Services
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Information Tech. / M.I.S	<input type="checkbox"/> Sports
<input type="checkbox"/> Arts/Humanities	<input type="checkbox"/> Labor Administration	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Business Mgmt	<input type="checkbox"/> Law	<input type="checkbox"/> Tourism
<input type="checkbox"/> Communication Arts	<input type="checkbox"/> Local Gov't Administration	<input type="checkbox"/> Trade & Industry
<input type="checkbox"/> Culture	<input type="checkbox"/> Nat'l Security & Defense	<input type="checkbox"/> Transportation
<input type="checkbox"/> Economics	<input type="checkbox"/> Planning	<input type="checkbox"/> Urban Development
<input type="checkbox"/> Education	<input type="checkbox"/> Policy Administration/Mgmt	<input type="checkbox"/> Project Management
<input type="checkbox"/> Energy Dev't & Mgmt	<input type="checkbox"/> Public Works & Highways	<input type="checkbox"/> OTHERS, Please Specify
<input type="checkbox"/> Environment & Natural Resources	<input type="checkbox"/> Resources	Research
<input type="checkbox"/> Finance	<input type="checkbox"/>	Rural Development
<input type="checkbox"/> Foreign Affairs	<input type="checkbox"/> Science & Technology	

**I. ELIGIBILITY ACQUIRED (Civil Service/Board/Bar Examinations Passed)**

Title	Date Taken	Place	Rating

**J. MANAGEMENT AND SPECIAL TRAINING/S ATTENDED**

Title	_____
Sponsor	_____
Inclusive Dates	_____
Venue	_____
Title	_____
Sponsor	_____
Inclusive Dates	_____
Venue	_____

**K. OTHER INFORMATION**

24. Have you ever been dismissed from any employment, forced to resign, or otherwise disciplined as a result of an administrative case? If "yes", state the nature of the charge and penalty.  
\_\_\_\_\_
25. Do you have any pending administrative or criminal case? \_\_\_\_\_ If "yes", state the nature of the case and where it is pending.  
\_\_\_\_\_
26. Have you ever been arrested, accused or convicted for any violation of law or ordinance before any court, or have you been charged with or tried for any breach or infraction of military, or police discipline before any tribunal or authority? \_\_\_\_\_  
If "yes", state the nature of the charge and penalty. \_\_\_\_\_
27. Have you taken the CES Written Exam before? \_\_\_\_\_ If "yes", please specify the date/s. \_\_\_\_\_

**TO BE FILLED-UP BY THE HEAD OF PERSONNEL/ADMINISTRATIVE DEPARTMENT**

**Note:** For those designated in an acting capacity or officer-in-charge of a CES position.

This is to certify that Mr./Ms. \_\_\_\_\_ of this Agency/Office has been in an acting capacity or officer-in-charge of a Career Executive Service (CES) position for at least six (6) months.

\_\_\_\_\_  
NAME and ADDRESS OF AGENCY/OFFICE

\_\_\_\_\_  
NAME & POSITION OF HEAD OF  
PERSONNEL/ADMINISTRATIVE DEPARTMENT  
(Signature over Printed Name)

**TO BE FILLED-UP BY THE HEAD OF PERSONNEL/ADMINISTRATIVE DEPARTMENT**

**Note:** For those occupying Division Chief (SG-24) and other managerial positions in the career/non-career service (government sector) and those in the private sector.

This is to certify that Mr./Ms. \_\_\_\_\_ of this Agency/Office has been performing supervisory/ managerial functions (i.e. directing & approving work outputs of employees; delegating functions to the staff; monitoring & rating employees' performance based on duly approved performance targets; & supervising the unit/division based on the staffing pattern/organizational structure), and supervising/managing \_\_\_\_\_ staff for \_\_\_\_\_ years now.  
(number of staff) (number of years)

\_\_\_\_\_  
NAME and ADDRESS OF AGENCY/OFFICE

\_\_\_\_\_  
NAME & POSITION OF HEAD OF  
PERSONNEL/ADMINISTRATIVE DEPARTMENT  
(Signature over Printed Name)



**L. NAME/S & POSITION OF SUPERIOR/S**

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

**NAMES & POSITION OF SUBORDINATES**

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

**PERSONNEL/**

**NAME AND POSITION OF HEAD OF  
ADMINISTRATIVE DEPARTMENT**  
(Signature over Printed Name)

**M. TESTING CENTER PREFERENCE**

(Request for change in testing center is not allowed)

Manila       Cebu       Davao

Date of Examination \_\_\_\_\_

*I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN ACCOMPLISHED IN GOOD FAITH, VERIFIED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE STATEMENT PURSUANT TO THE PROVISIONS OF PERTINENT LAWS, RULES AND REGULATIONS OF THE REPUBLIC OF THE PHILIPPINES.*

*I LIKEWISE AGREE THAT I WILL SUBJECT MYSELF TO A VALIDATING EXAMINATION IN CASE THE TEST RESULTS IN MY PLACE OF EXAMINATION ARE FOUND TO BE STATISTICALLY IMPROBABLE.*

Date: \_\_\_\_\_  
O.R. No. \_\_\_\_\_  
Amount: \_\_\_\_\_  
Printed Name and Signature of  
Collecting Officer

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Right Thumbmark

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2011.

\_\_\_\_\_  
**ADMINISTERING OFFICER**  
(Printed Name/Signature)

\_\_\_\_\_  
**POSITION/OFFICE**

**NOTE:** The Administering Officer may be one of the following: *Office Personnel or Administrative Officer, Legal Officer, Head of Agency or Notary Public.*

*(Do not fill-up this portion. For Processor/s only)*

**ACTION TAKEN:** APPROVED [ ] DISAPPROVED [ ] DATE \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Processor

**APPLICATION RECEIPT**  
(This serves as a Notice of Admission)

Application No. \_\_\_\_\_

<p>Date: _____ O.R. No. _____ Amount: _____</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Printed Name and Signature of Collecting Officer</p>
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Received the application for the: **CES WRITTEN EXAMINATION**

Printed Name of Processor: \_\_\_\_\_

Signature of Processor: \_\_\_\_\_

Date Received/Processed: \_\_\_\_\_



DATE : _____	TIME: _____	CENTER: _____
SCHOOL: _____	ADDRESS: _____	
ROOM No. _____		

Applicant's Printed Name: _____
Birthdate: _____ Sex: _____
Signature: _____

**BRING THE FOLLOWING ON EXAMINATION DAY:**

1.) This Application Receipt; 2.) Valid Office Identification Card (ID); 3.) Pencil (Mongol No. 2); 4.) Ruler; 5.) One (1) 2' x 2' photograph; 6.) Calculator (Calculators from Cellular Phones, Personal Digital Assistant (PDA) and similar gadgets shall not be allowed).

**REMINDERS:**

1. Examinees are required to be at the examination venue by 7AM. Tardiness and/or failure of the applicant to present his/her application receipt will be a sufficient ground to disqualify him/her from taking the examination
2. An applicant who fails to present a valid Office Identification Card (I.D.) will not be allowed to take the examination.
3. A qualified applicant who failed to receive his/her Application Receipt five (5) days before the date of examination should notify the Career Executive Service Board at No. 3 Marcelino St., Holy Spirit Drive, Diliman, Quezon City or may contact Tel. Nos 951-49 81 or 85 (Trunkline) locals 118 & 832.
4. The Examination Fee of P1,000.00 shall be forfeited in case of non-appearance of the applicant during the examination day
5. Request for changes must be made in writing two (2) weeks before the examination schedule.
6. Please bring snacks.