**PROFILE OF EMPLOYEES**

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Name of Agency

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| ***Name of Employee*** | ***Position***  ***/Title***  ***(Indicate if***  ***Volunteer)*** | ***Salary***  ***(per month)*** | ***Place of Assignment***  ***(Indicate name of Office/Unit and location)*** | ***Educational***  ***Attainment*** | ***Relevant Training and Experience***  ***(Pls. Indicate place & date of training/ experience)*** | ***Nationality*** | ***If Foreigner***  ***(Pls. specify permit/visa issued number, date issued and expiration***  ***date)*** | | | ***Date of last***  ***Examination/ Evaluation*** | |
| ***Working Permit*** | ***Missionary Visa*** | ***Working Visa*** | ***Medical*** | ***Psychological*** |
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**Attested by: Certified true and correct:**

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Name and Signature of Chairman of the Board Name and Signature of Head of the Agency

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Date Date