**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