
 NAME OF COMPANY/OFFICE

 ADDRESS / E-MAIL / TELEPHONE NO. / FAX NO.

CERTIFICATE OF EXPERIENCE

WARNING : All statements are subject to verification and any false statement or misrepresentation made in this CERTIFICATE is ground for disqualification and criminal prosecution

TO THE BOARD OF : _____

This is to CERTIFY that M _____ is/has been employed with the above-named office/company located at _____
 _____ for the period and performed duties indicated below.

| FROM | TO | POSITION HELD | SPECIFIC WORK / FUNCTIONS |
|------|----|---------------|---------------------------|
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Affiant (Certifying Officer)
 (SIGNATURE ABOVE PRINTED NAME)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ at _____
 Affiant exhibited to me his Community Tax Certificate No. _____
 issued at _____ on _____

 Notary Public

IMPORTANT:

1. The certifying officer should be the personnel officer / manager or equivalent position in the company
2. This form is good only for one office / company
3. Certificate of Employment must accompany this Certificate of Experience.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____