

## PROFILE OF EMPLOYEES

Name of Agency \_\_\_\_\_

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

**Attested by:**

**Certified true and correct:**

\_\_\_\_\_  
Name and Signature of Chairman of the Board

\_\_\_\_\_  
Name and Signature of Head of the Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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