ELECTION COMMITTEE

**\*** PICTURE



C A N D I D A C Y / N O M I N A T I O N F O R M

I would like to / /file my candidacy / /nominate Mr./Ms. for the position of in the forthcoming ThomECC General Assembly and Election of Officers on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, via Online Election.

***Particular of the candidate/nominee:***

|  |  |
| --- | --- |
| **\*** Name: | Nickname: |
| Present Address: | |
| Tel. No.: | Mobile No.: |
| Date of Birth: | Sex & Marital Status: |
| **\*** Highest Educational Attainment: | **\*** Year & Where Graduated: |
| **\*** Affiliation (Support Staff/Faculty/Administrator): | **\*** No. of Years of Service: |
| **\*** Department & Position: | |
| Do you have any pending criminal/administrative case within or outside of UST? IF YES, please give details: | Do you hold any elective position in any org. or association within or outside UST? IF YES, what is your position? |
| **\*** Trainings Attended (Attached Photocopy of Certificates):  1.  2. 3. | |
| **\*** What is/are your objective/s in running for the position: | |
| **\*** Other Qualifications: | |

***Conforme:***

**I understand and agree that certain information provided in this form, marked with an asterisk (\*), will be posted online for the purpose of the campaign period. This includes but is not limited to my name, photo, biography, and statement of intent.**

**I acknowledge that this information will be made publicly available and may be accessible to members of THOMECC and the general public during the campaign period.**

**I certify that all information provided in this form is true and accurate to the best of my knowledge.**

**Aspirant: Nominator:**

*Pls. Sign over Printed Name Pls. Sign over Printed Name*

|  |
| --- |
| **Date: Date:** |

ACTION TAKEN: To be filled up by the ThomECC Committee on Election