

DR Bldg., Avenida Veteranos Street, Tacloban City, 6500 Leyte Philippines Tel# 053 832-5331

| | December 5, 2022 | | | | |
|---|------------------|---|-------------|---------|--|
| | DATE | | | | |
| PURPOSE OF EXAMINATION: FOR EMPLOYMENT | | | | | |
| NAME: LAURIÑO, RONALDO M. | | AGE: 40/ | M C.SM | ARRIED | |
| HOME ADDRESS: BAYBAY CITY, LEYTE | | | | | |
| EDUCATIONAL ATTAINMENT: COLLEGE GRADUATE | | | | | |
| PURPOSE/DATE OF PREVIOUS NP EXAMINATION: | | | | | |
| FACTORS | Absent | Low | Average | High | |
| INTELLIGENCE | | | | | |
| 1. Capacity for Abstraction | | | X | | |
| 2. Organizational Capacity | | | X | | |
| 3. Learning Ability | | | X | | |
| 4. Alertness | | | Y | | |
| MANNER OF COMMUNICATION PREFERRED | | 200 | | | |
| 1. Verbal | | | Y | | |
| 2. Non-Verbal | | | | | |
| EMOTIONAL STABILITY | | | | | |
| 1. Coping with Stress | | | X | | |
| 2. Control of Aggressive hostile impulse | | | Y | | |
| 3. Free from neurotic tendencies | | | V | | |
| VALUES | | | | | |
| 1. Positive: | | | X | | |
| 2. Negative: | | | X | | |
| EDUCATION: Relevant Training | | | | | |
| EXPERIENCE: Security Training | | | | | |
| Handling Guns | | | | | |
| Others: | | | | | |
| MOTIVATION Security Reasons | | | | Х | |
| Self-esteem/confidence | | | | ., | |
| Others: | | | | * | |
| SOCIAL ADAPTABILITY: | | | | | |
| 1. With people in general | | | X | | |
| 2. With peers | | | X | | |
| 3. With supervisors | | | X | | |
| 4. With subordinates | | | Y | | |
| WORK ATTITUDES: | | | | | |
| 1. Responsibility | | | X | | |
| 2. Loyalty | | 1 | X | | |
| 3. Perserverance | | | x | | |
| | | + | | | |
| 4. Initiative REMARKS: | | | <u> </u> | 1 | |
| Psychological: No gross psychological abnorm Neuro Psychiatric Negative for psychiatric disc RECOMMENDATION: FOR FIREARMS LICENSE | | FOR SECU | RITY GUARDS | /OTHERS | |
| Recommended for possession only | | Annual Confession of the last | ommended w | | |
| Recommended permit to carry | | Recommended risk | | | |

LYN L. VERONA, MD, MHA Psychiatrist / NP Screener Accreditation / PRC No. 8001

Needs training

Not recommended

"Clinical correlation is suggested." Thank you for referring.

Needs training on handling guns

Not recommended



DIVINE RAYS DIAGNOSTIC & MEDICAL SUPPLIES

DR Bldg., Avenida Veteranos Street, Tacloban City, 6500 Leyte Philippines Tel# 053 321-7999

| | | | | | | DA | DATE: DEC. 05. 2022 | | | |
|--|-------------|---------------------|---|--|--------------------|---|-------------------------|---|--|--|
| Last Name First Name | | | | | M.I. | Intended C | ccupation | | | |
| I | LAURIÑ | 0 | | RONALDO | | M. | | | | |
| Civil Status | Age | Sex A | ddress | | | | Tel No. /Contact# | | | |
| Married | 40 | Male | BF | BRGY. PANGASUGAN, BAYBAY CITY 0981595352 | | | | | | |
| Educational A | Attainmen | t: COL | LEGE G | RADUATE | | | | | | |
| Purpose of Ex | xaminatio | n: FOR | EMPLO | YMENT | | | | | | |
| Tests Admini | | | | | 1000 miles | | | | | |
| | Personalit | y Test: | | GPP test Others: | | | AUTOBIOGRAPHY/INTERVIEW | | | |
| | | | | | | | | | | |
| PERSONALIT | TY TEST C | GROUP | | | | | | | | |
| I. Personalit | ty Traits a | and Characteristic | | | 1 | 2 | 3 | 4 | | |
| 1. Asse | endancy (| A) | | | | IN COLUMN TO SERVICE OF THE SERVICE | | | | |
| | ive role i | | | | X | | | | | |
| | | & Assertive | | | X | | | | | |
| Ma | kes inde | | | | X | | | | | |
| | decis | ions | | | | | | | | |
| 2. Resr | ponsibilit | v (R) | | | | | | | | |
| AND TO SHARE SHALL AND | | ssigned to them | | | | X | | | | |
| | | & determined | | | | X | | | | |
| | be relied | | | | | X | | | | |
| 2 Emo | tional St | ability (E) | | | | | | | | |
| | | d individual | | | | | | | | |
| | | | | | X | | | | | |
| Emotionally Stable Tolerance to Stress | | | | X | | | | | | |
| Rela | | 511033 | | | Ŷ | | | | | |
| i,cia. | | | | | | | . — | | | |
| 4. Socia | ability (S) | | | | | | | | | |
| | s to be & | | | | | X | | T | | |
| with people | | | | | | | | | | |
| Greg | | nd sociable | | | | X | | | | |
| | | | | | | | | | | |
| II. Conclusio | ns/Rema | irks | | | | | | | | |
| | | | | | | | | | | |
| | | | A 1800 100 100 100 100 100 100 100 100 10 | | nality disturbance | noted at the time of | fevaluation | | | |
| | Recomme | nded with reservat | ion for fur | ther evaluation | | | | | | |
| | Note | : Descriptive ratir | ng | | | | | | | |
| | 1 | High Average | | | | | | | | |
| | 2 | Average | | | | | | | | |
| | 3 | Below Average | | | | | | | | |
| | 4 | Low | | | | | | | | |
| | | | | | | | | | | |