|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***CS Form No. 212***  ***Revised 2017*** PERSONAL DATA SHEET  ***WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.***  ***READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.*** | | | | | | | | | |
| Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.** | | | | | 1. CS ID No. | | (Do not fill up. For CSC use only) | | |
| ***I. PERSONAL INFORMATION*** | | | | | | | | | |
| 2. SURNAME FIRST NAME  MIDDLE NAME | **{surname}** | | | | | | | | |
| **{firstName}** | | | | | | NAME EXTENSION (JR., SR)  **{nameExt}** | | |
| **{middleName}** | | | | | | | | |
| 3. DATE OF BIRTH  (mm/dd/yyyy) | **{dateOfBirth}** | 16. CITIZENSHIP  If holder of dual citizenship, please indicate the details. | | {filipinoBox} Filipino | | {byBirthBox} by birth {byNaturalBox} by naturalization  Pls. indicate country: | | | |
| 4. PLACE OF BIRTH | **{placeOfBirth}** |
| 5. SEX | **{maleBox}** Male **{femaleBox}** Female | **{citizenshipCountry}** | | | | | |
| 6 CIVIL STATUS | {singleBox} Single {marriedBox} Married  {widowedBox} Widowed {separatedBox} Separated  {otherBox} Other/s: {civilStatusOther} | 17. RESIDENTIAL ADDRESS  ZIP CODE | **{res\_houseNo} {res\_street}** | | | | | | |
| *House/Block/Lot No.* | | | *Street* | | | |
| **{res\_subdivision} {res\_barangay}** | | | | | | |
| *Subdivision/Village* | | | *Barangay* | | | |
| 7. HEIGHT (m) | **{height}** | **{res\_city} {res\_province}** | | | | | | |
| *City/Municipality* | | | *Province* | | | |
| 8. WEIGHT (kg) | **{weight}** | **{res\_zip}** | | | | | | |
| 9. BLOOD TYPE | **{bloodType}** | 18. PERMANENT ADDRESS  ZIP CODE | **{perm\_houseNo} {perm\_street}** | | | | | | |
| *House/Block/Lot No.* | | | *Street* | | | |
| 10. GSIS ID NO. | **{gsis}** | **{perm\_subdivision} {perm\_barangay}** | | | | | | |
| *Subdivision/Village* | | | *Barangay* | | | |
| 11. PAG-IBIG ID NO. | **{pagibig}** | **{perm\_city} {perm\_province}** | | | | | | |
| *City/Municipality* | | | *Province* | | | |
| 12. PHILHEALTH NO. | **{philhealth}** | **{perm\_zip}** | | | | | | |
| 13. SSS NO. | **{sss}** | 19. TELEPHONE NO. | **{telephone}** | | | | | | |
| 14. TIN NO. | **{tin}** | 20. MOBILE NO. | **{mobile}** | | | | | | |
| 15. AGENCY EMPLOYEE NO. | **{agencyEmployeeNo}** | 21. E-MAIL ADDRESS (if any) | **{email}** | | | | | | |
| ***II. FAMILY BACKGROUND*** | | | | | | | | | |
| 22. SPOUSE'S SURNAME FIRST NAME  MIDDLE NAME | **{spouse\_surname}** | | 23. NAME of CHILDREN (Write full name and list all) | | | | | DATE OF BIRTH (mm/dd/yyyy) | |
| **{spouse\_first}** | NAME EXTENSION (JR., SR)  **{spouse\_extension}** | **{#children}{name}** | | | | | **{dob}{/children}** | |
| **{spouse\_middle}** | |  | | | | |  | |
| OCCUPATION | **{spouse\_occupation}** | |  | | | | |  | |
| EMPLOYER/BUSINESS NAME | **{spouse\_employer}** | |  | | | | |  | |
| BUSINESS ADDRESS | **{spouse\_businessAddress}** | |  | | | | |  | |
| TELEPHONE NO. | **{spouse\_tel}** | |  | | | | |  | |
| 24. FATHER'S SURNAME FIRST NAME  MIDDLE NAME | **{father\_surname}** | |  | | | | |  | |
| **{father\_first}** | NAME EXTENSION (JR., SR)  **{father\_ext}** |  | | | | |  | |
| **{father\_middle}** | |  | | | | |  | |
| 25. MOTHER'S MAIDEN NAME | | |  | | | | |  | |
| SURNAME FIRST NAME  MIDDLE NAME | **{mother\_surname}** | |  | | | | |  | |
| **{mother\_first}** | |  | | | | |  | |
| **{mother\_middle}** | | ***(Continue on separate sheet if necessary)*** | | | | | | |
| ***III. EDUCATIONAL BACKGROUND*** | | | | | | | | | |
| 26.  LEVEL | NAME OF SCHOOL  (Write in full) | BASIC EDUCATION/DEGREE/COURSE  (Write in full) | | PERIOD OF ATTENDANCE | | | HIGHEST LEVEL/  UNITS EARNED  (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| From | To | |
| ELEMENTARY | **{ELEMENTARY\_school}** | **{ELEMENTARY\_course}** | | **{ELEMENTARY\_from}** | **{ELEMENTARY\_to}** | | **{ELEMENTARY\_highest}** | **{ELEMENTARY\_gradYear}** | **{ELEMENTARY\_honors}** |
| SECONDARY | **{SECONDARY\_school}** | **{SECONDARY\_course}** | | **{SECONDARY\_from}** | **{SECONDARY\_to}** | | **{SECONDARY\_highest}** | **{SECONDARY\_gradYear}** | **{SECONDARY\_honors}** |
| VOCATIONAL / | **{VOCATIONAL\_school}** | **{VOCATIONAL\_course}** | | **{VOCATIONAL\_from}** | **{VOCATIONAL\_to}** | | **{VOCATIONAL\_highest}** | **{VOCATIONAL\_gradYear}** | **{VOCATIONAL\_honors}** |
| COLLEGE | **{COLLEGE\_school}** | **{COLLEGE\_course}** | | **{COLLEGE\_from}** | **{COLLEGE\_to}** | | **{COLLEGE\_highest}** | **{COLLEGE\_gradYear}** | **{COLLEGE\_honors}** |
| GRADUATE STUDIES | **{GRADAUTE\_school}** | **{GRADAUTE\_course}** | | **{GRADAUTE\_from}** | **{GRADAUTE\_to}** | | **{GRADAUTE\_highest}** | **{GRADAUTE\_gradYear}** | **{GRADAUTE\_honors}** |
| ***(Continue on separate sheet if necessary)*** | | | | | | | | | |
| ***SIGNATURE*** |  | | | ***DATE*** | | |  | | |

*CS FORM 212 (Revised 2017), Page 1 of 4*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***IV. CIVIL SERVICE ELIGIBILITY*** | | | | | | | | | |
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE  BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | | RATING  (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | | | LICENSE (if applicable) | |
| NUMBER | Date of Validity |
|  | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
|  | | |  |  |  | | |  |  |
| ***(Continue on separate sheet if necessary)*** | | | | | | | | | |
| ***V. WORK EXPERIENCE***  ***(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*** | | | | | | | | | |
| 28. INCLUSIVE DATES  (mm/dd/yyyy) | | POSITION TITLE  (Write in full/Do not  abbreviate) | | DEPARTMENT / AGENCY / OFFICE / COMPANY  (Write in  full/Do not abbreviate) | | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if  applicable)& STEP (Format "00-0")/ INCREMENT | STATUS OF APPOINTMENT | GOV'T  SERVICE |
| From | To |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
| ***(Continue on separate sheet if necessary)*** | | | | | | | | | |
| ***SIGNATURE*** | |  | | | ***DATE*** |  | | | |

*CS FORM 212 (Revised 2017), Page 2 of 4*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S*** | | | | | | |
| 29. NAME & ADDRESS OF ORGANIZATION  (Write in full) | | INCLUSIVE DATES  (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | |
| From | To |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
| ***(Continue on separate sheet if necessary)*** | | | | | | |
| ***VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED*** | | | | | | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS  (Write in full) | | INCLUSIVE DATES OF ATTENDANCE  (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD ( Managerial/ Supervisory/  Technical/etc) | CONDUCTED/ SPONSORED BY  (Write in full) |
| From | To |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| ***(Continue on separate sheet if necessary)*** | | | | | | |
| ***VIII. OTHER INFORMATION*** | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION  (Write in full) | | | | | MEMBERSHIP IN ASSOCIATION/ORGANIZATION  33. (Write in  full) |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
| ***(Continue on separate sheet if necessary)*** | | | | | | |
| ***SIGNATURE*** |  | | | ***DATE*** | |  |

*CS FORM 212 (Revised 2017), Page 3 of 4*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed,   1. within the third degree? 2. within the fourth degree (for Local Government Unit - Career Employees)? | | | | **{q34aYes}**YES **{q34aNo}**NO  **{q34bYes}**YES **{q34bNo}**NO  If YES, give details:  **A. {q34a\_details} | B. {q34b\_details}** | | | | |
| 35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court? | | | | **{q35aYes}**YES **{q35aNo}**NO  If YES, give details:  **{q35a\_details}** | | | | |
| **{q35bYes}**YES **{q35bNo}**NO  If YES, give details:  Date Filed: **\_\_\_{q35b\_dateFiled}\_\_\_\_\_**  Status of Case/s: **\_\_\_\_\_{q35b\_status}\_\_\_\_\_** | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | | | | **{q36Yes}**YES **{q36No}**NO  If YES, give details:  **{q36\_details}** | | | | |
| 37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? | | | | **{q37Yes}**YES **{q37No}**NO  If YES, give details:  **{q37\_details}** | | | | |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate? | | | | **{q38aYes}**YES **{q38aNo}**NO  If YES, give details: \_**{q38a\_details}**\_\_\_\_\_\_\_\_\_  **{q38bYes}**YES **{q38bNo}**NO  If YES, give details: **{q38b\_details}** | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | | | | **{q39Yes}**YES **{q39No}**NO  If YES, give details (country):  **{q39\_details}** | | | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent? | | | | **{q40aYes}**YES **{q40aNo}**NO  If YES, please specify:  **{q40bYes}**YES **{q40bNo}**NO  If YES, please specify ID No:  **{q40cYes}**YES **{q40cNo}**NO  If YES, please specify ID No: | | | **{q40a\_details}**  **{q40b\_details}**  **{q40c\_details}** | |
|  | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | ID picture taken within the last 6 months  4.5 cm. X 3.5 cm (passport size)  Computer generated or photocopied picture is not acceptable  PHOTO | | | |
| NAME | | | ADDRESS | TEL. NO. |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| 42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein.  I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. | | | | |
|  |  | |  |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | |  | |  |
|  | *PLEASE INDICATE ID Number and Date of*  *Issuance* |  |  | |  |
| Government Issued ID: |
| ID/License/Passport No.: |
| Signature (Sign inside the box) | |
| Date/Place of Issuance: |  | |
| Date Accomplished | | Right Thumbmark | |
|  | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.  Person Administering Oath | | | | | | | | |

*CS FORM 212 (Revised 2017), Page 4 of 4*

