

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	fdsfd		
FIRST NAME	dsfdsf	NAME EXTENSION (JR., SR) jr	
MIDDLE NAME	dsfds		
3. DATE OF BIRTH (mm/dd/yyyy)	2002-12-12	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: <div>Australia</div>
4. PLACE OF BIRTH	dfdgg		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS  ZIP CODE	
7. HEIGHT (m)	0.00		
8. WEIGHT (kg)	0.00		
9. BLOOD TYPE			
10. GSIS ID NO.			
11. PAG-IBIG ID NO.		18. PERMANENT ADDRESS  ZIP CODE	
12. PHILHEALTH NO.			
13. SSS NO.			
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			
		19. TELEPHONE NO.	
		20. MOBILE NO.	09
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	NAME EXTENSION (JR., SR)		
	MIDDLE NAME			
OCCUPATION				
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME				
	FIRST NAME	NAME EXTENSION (JR., SR)		
	MIDDLE NAME			
25. MOTHER'S MAIDEN NAME	N/A			
	SURNAME			
	FIRST NAME			
	MIDDLE NAME		(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			0000	0000		0000	
SECONDARY			0000	0000		0000	
VOCATIONAL / TRADE COURSE			0000	0000		0000	
COLLEGE			0000	0000		0000	
GRADUATE STUDIES			0000	0000		0000	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.*

[illegible]

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

**(Continue on separate sheet if necessary)**

## VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

**(Continue on separate sheet if necessary)**

## VIII. OTHER INFORMATION

[illegible]

**(Continue on separate sheet if necessary)**

<b>SIGNATURE</b>		<b>DATE</b>	
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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 appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>	
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>	
		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: 0000-00-00 Status of Case/s: N/A</div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>	
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>	
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>	
		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details (country): N/A</div>	
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?		<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify: N/A</div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No: N/A</div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No: N/A</div></div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
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.			
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID:</div> <div>ID/License/Passport No.:</div> <div>Date/Place of Issuance:</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>	
		<div>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</div> <div>Computer generated or photocopied picture is not acceptable</div> <div>PHOTO</div>	
		<div></div> <div>Right Thumbmark</div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
		<div></div> <div>Person Administering Oath</div>	