

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME			
FIRST NAME			
MIDDLE NAME			
4. DATE OF BIRTH (mm/dd/yyyy)		16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH		ZIP CODE	
6. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	17. TELEPHONE NO.	
8. CITIZENSHIP		18. PERMANENT ADDRESS	
9. HEIGHT (m)		ZIP CODE	
10. WEIGHT (kg)			
11. BLOOD TYPE		19. TELEPHONE NO.	
12. GSIS ID NO.		20. E-MAIL ADDRESS (if any)	
13. PAG-IBIG ID NO.		21. CELLPHONE NO. (if any)	
14. PHILHEALTH NO.		22. AGENCY EMPLOYEE NO.	
15. SSS NO.		23. TIN	

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUS. NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME			
FIRST NAME			
MIDDLE NAME			
27. MOTHER'S MAIDEN NAME			
SURNAME			
FIRST NAME			
MIDDLE NAME		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE (Include private employment. Start from your current work)

[illegible]

(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31.	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. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following :  a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?  b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	<div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____ _____</div> <div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____ _____</div>
37 a. Have you ever been formally charged?     b. Have you ever been guilty of any administrative offense?	<div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____</div> <div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____</div>
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____</div>
39. 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, AWOL or phased out, in the public or private sector?	<div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____</div>
40. Have you ever been a candidate in a national or local election (except Barangay election)?	<div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, give details: _____ _____</div>
41. 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 differently abled?  c. Are you a solo parent?	<div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, please specify: _____</div> <div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, please specify: _____</div> <div><input type="checkbox"/> YES   <input type="checkbox"/> NO If YES, please specify: _____</div>

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)		
NAME	ADDRESS	TEL. NO.
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.		
COMMUNITY TAX CERTIFICATE NO.		PHOTO  ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  Computer generated or xerox copy of picture is not acceptable
ISSUED AT	SIGNATURE (Sign inside the box)	
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED	
RIGHT THUMBMARK		