

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	Del Mundo		
FIRST NAME	Jaypee		
MIDDLE NAME	Catague		
4. DATE OF BIRTH (mm/dd/yyyy)	1989-09-20T16:00:00	16. RESIDENTIAL ADDRESS	B5 L9 Ph3 Peace Village,
5. PLACE OF BIRTH	Quezon City 11	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 _____		1870
8. CITIZENSHIP	Filipino		
9. HEIGHT (m)	1.65	17. TELEPHONE NO.	
10. WEIGHT (kg)	80	18. PERMANENT ADDRESS	
11. BLOOD TYPE	A+	ZIP CODE	null
12. GSIS ID NO.	2003397303	19. TELEPHONE NO.	
13. PAG-IBIG ID NO.	1210-8678-3213	20. E-MAIL ADDRESS (if any)	jaypee.delmundo@gmail.com
14. PHILHEALTH NO.		21. CELLPHONE NO. (if any)	09334551979
15. SSS NO.	34-2463527-8	22. AGENCY EMPLOYEE NO.	14-0001
		23. TIN	282-196-168

II. FAMILY BACKGROUND

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

IV. CIVIL SERVICE ELIGIBILITY

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE
	null	null		null		

(Continue on separate sheet if necessary)

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

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
From	To						
-01T00:00:00	-01T00:00:00	null	null				

(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		
	null	2011-01T00:00:00	2011-01T00:00:00	null	null

(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)
	null				

(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?

☐ YES ☐ NO

If YES, give details:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

b. Within the fourth degree (for Local Government Employees):
appointing authority or recommending authority where you will be appointed?

☐ YES ☐ NO

If YES, give details:

37 a. Have you ever been formally charged?

☐ YES ☐ NO

If YES, give details:

b. Have you ever been guilty of any administrative offense?

☐ YES ☐ NO

If YES, give details:

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☐ NO

If YES, give details:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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?

☐ YES ☐ NO

If YES, give details:

40. Have you ever been a candidate in a national or local election (except Barangay election)?

☐ YES ☐ NO

If YES, give details:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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?

☐ YES ☐ NO

If YES, please specify:

b. Are you differently abled?

☐ YES ☐ NO

If YES, please specify:

c. Are you a solo parent?

☐ YES ☐ NO

If YES, please specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
null	null	null

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.

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

PHOTO

COMMUNITY TAX CERTIFICATE NO.

ISSUED AT

ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)

DATE ACCOMPLISHED

RIGHT THUMBMARK

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