

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

(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	GOVT SERVICE (Yes / No)
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(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
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(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)
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(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)

<div>36. Are you related by consanguinity or affinity to any of the following :</div> <div><div><div>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?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div><div></div></div></div><div><div>b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div><div></div></div></div></div></div></div>					
<div>37 a. Have you ever been formally charged?</div> <div></div> <div>b. Have you ever been guilty of any administrative offense?</div>			<div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div></div>		
<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>			<div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div>		
<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>			<div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div>		
<div>40. Have you ever been a candidate in a national or local election (except Barangay election)?</div>			<div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div>		
<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:</div> <div><div>a. Are you a member of any indigenous group?</div><div>b. Are you differently abled?</div><div>c. Are you a solo parent?</div></div>			<div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, please specify: <div></div></div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, please specify: <div></div></div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, please specify: <div></div></div></div></div>		
<div>42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</div>					
NAME		ADDRESS		TEL. NO.	
<div>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.</div> <div>I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.</div>				<div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</div><div>Computer generated or xerox copy of picture is not acceptable</div><div>PHOTO</div></div>	
<div><div></div><div>COMMUNITY TAX CERTIFICATE NO.</div><div></div><div>ISSUED AT</div><div><div>/</div><div>/</div></div><div>ISSUED ON (mm/dd/yyyy)</div></div>		<div><div></div><div>SIGNATURE (Sign inside the box)</div><div></div><div>DATE ACCOMPLISHED</div></div>		<div><div></div><div>RIGHT THUMBMARK</div></div>	
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