

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							
SURNAME:	<input type="text" value="Surname"/>	FIRST NAME:	<input type="text" value="First Name"/>	MIDDLE NAME:	<input type="text" value="Middle Name"/>	NAME EXTENSION (JR., SR):	<input type="text" value="Name Extension"/>
DATE OF BIRTH (mm/dd/yyyy):	<input type="text" value="dd/mm/yyyy"/>	PLACE OF BIRTH:	<input type="text"/>	SEX:	<input type="text" value="Male"/>	CIVIL STATUS:	<input type="text" value="Single"/>
HEIGHT:	<input type="text"/>	WEIGHT:	<input type="text"/>	BLOOD TYPE:	<input type="text"/>		



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16/11/2023



1. CS ID No. (Do not fill up. For CSC use only.)

I. Personal Information

SURNAME:	<input type="text" value="Surname"/>	FIRST NAME:	<input type="text" value="First Name"/>	MIDDLE NAME:	<input type="text" value="Middle Name"/>	NAME EXTENSION (JR., SR):	<input type="text" value="Name Extension"/>
DATE OF BIRTH (mm/dd/yyyy):	<input type="text" value="dd/mm/yyyy"/>	PLACE OF BIRTH:	<input type="text"/>	SEX:	<input type="text" value="Male"/>	CIVIL STATUS:	<input type="text" value="Single"/>
HEIGHT:	<input type="text"/>	WEIGHT:	<input type="text"/>	BLOOD TYPE:	<input type="text"/>		
Telephone Number:	<input type="text"/>	Mobile Number:	<input type="text"/>	Email:	<input type="text"/>		

GSIS ID NO.:	<input type="text"/>	PAG-IBIG ID NO.:	<input type="text"/>	PHILHEALTH ID NO.:	<input type="text"/>
SSS ID No.:	<input type="text"/>	TIN NO.:	<input type="text"/>	AGENCY EMPLOYEE NO.:	<input type="text"/>
CITIZENSHIP: <i>If holder of dual citizenship, please indicate details.</i>	Filipino: <input type="checkbox"/> Dual Citizen: <input type="checkbox"/>	By birth: <input type="checkbox"/> By naturalization: <input type="checkbox"/>	Pls. Indicate country:	<input type="text" value="Afghanistan (AF)"/>	

[illegible]

II. Family Background

Spouse's

Surname

Firstname

Name
Extension(Jr,Sr)

Middlename

Occupation

Employer/Business
Name

Business
Address

Telephone no.

Mobile no.

Father

Surname

Firstname

Name
Extension(Jr,Sr)

Middle Name

Mother

Surname

Firstname

Name
Extension(Jr,Sr)

Middle Name



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V. Work Experience							
Inclusive Dates	Position Title	Dept./Agy./Off./Com.	Monthly Salary	Salary/Job/Pay Grade	Status of Appointment	Govt Service	
dd/mm/yyyy							Add

VI Voluntary Work or Involvement in Civic/Non-Government/People/Voluntary Organizations				
Organization name & add.	Inclusive Dates	Number of hours	Position/Nature of Work	
				Add

VIII Other Information			
Special Skills & Hobbies	Non-Academic Distinction/Recognition	Membership in Association/Organization	
			Add

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,	Yes No	If yes: give us details
a. within the third degree?	<input type="checkbox"/>	
b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/>	

Government Issued ID's	
Government Issued ID:	
ID/License/Passport No :	

References(Preson not related by consanguinity or affirmly to applicant/appointee)

Name	Address	Tel no./Mobile no.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Add

Government Issued ID's

Government Issued ID:	<input type="text"/>
ID/License/Passport No.:	<input type="text"/>
Date/Place of Issuance:	<input type="text"/>

signature

Select an image:

Choose File No file chosen

Upload Image

2x2 ID Select an image:

Choose File No file chosen

Upload Image

Right Tumbmark Select an image:

Choose File No file chosen

Upload Image

			Add
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Government Issued ID's	
Government Issued ID:	
ID/License/Passport No.:	
Date/Place of Issuance:	

signature	
Select an image:	
Choose File	No file chosen
Upload Image	

2x2 ID		Right Tumbmark	
Select an image:		Select an image:	
Choose File	No file chosen	Choose File	No file chosen
Upload Image		Upload Image	

Print