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.

concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

(Do not fill up, For CSC us)

| Print legibly. Tick appropriate boxes | () and use separate sheet if necessary. | Indicate | N/A if not applicable. DO NO | T ABBREVIATE | . | 1. CS ID No. | (Do r | ot fill up. For | CSC use only) |
|---------------------------------------|--|----------|---|---------------|-----------------|---------------|---------------------------------|---------------------------|----------------------|
| I. PERSONAL INFORM | | | | | | | | | |
| 2. SURNAME | | | | | | | | | |
| FIRST NAME | | | | | | | NAME EXTENSION | I (JR., SR) | |
| MIDDLE NAME | | | | | | | | | |
| 3. DATE OF BIRTH | | | 16. CITIZENSHIP | | | | | | |
| (mm/dd/yyyy) | | | 16. CITIZENSHIP | | Filipir | no | Dual Citizenship by birth | by patrical | -ation |
| 4. PLACE OF BIRTH | | | If holder of dual citiz | enship, | | | Pls. indicate | by naturali e country: | Zauon |
| | Male Femal | lo lo | please indicate the | - | | | | | |
| 5. SEX | | | 17. RESIDENTIAL ADDRESS | I | | | | | |
| 6 CIVIL STATUS | Single Marrie Widowed Separa | | 17. RESIDENTIAL ADDRESS | Hous | e/Block/Lot I | No. | | Street | |
| | Other/s: | | | Subo | division/Villag | ge | | Barangay | |
| 7. HEIGHT (m) | | | | City | //Municipalit | W. | | Province | |
| 8. WEIGHT (kg) | | | ZIP CODE | On S | //минстрант | <u>y</u> | | TTOVINCE | |
| 9. BLOOD TYPE | | | 18. PERMANENT ADDRESS | | | | | | |
| | | | | Hous | e/Block/Lot l | No. | | Street | |
| 10. GSIS ID NO. | | | | Subo | division/Villag | ge | | Barangay | |
| 11. PAG-IBIG ID NO. | | | | City | //Municipality | у | | Province | |
| 2. PHILHEALTH NO. | | | ZIP CODE | | | | | | |
| 3. SSS NO. | | , | 19. TELEPHONE NO. | | | | | | |
| 14. TIN NO. | | | 20. MOBILE NO. | | | | | | |
| 15. AGENCY EMPLOYEE NO. | | | 21. E-MAIL ADDRESS (if any) | | | | | | |
| II. FAMILY BACKGRO | UND | | | | | | | | |
| 22. SPOUSE'S SURNAME | | | | 23. NAME of 0 | CHILDREN | (Write full n | ame and list all) | DATE C (mm/c | OF BIRTH dd/yyyy) |
| FIRST NAME | | | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | | | | | | | | | |
| OCCUPATION | | | | | | | | | |
| EMPLOYER/BUSINESS NAME | | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | | |
| TELEPHONE NO. | | | | | | | | | |
| 24. FATHER'S SURNAME | | | | | | | | | |
| FIRST NAME | | | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | | |
| SURNAME | | | | | | | | | |
| FIRST NAME | | | | | | | | | |
| | | | | | (Conti | nuo on son | arate sheet if ned | enceary) | |
| MIDDLE NAME III. EDUCATIONAL BA | CKGROUND | | | | (Contin | nue on sep | arate sheet ii net | essaiy) | _ |
| | | | | | PERIO | DD OF | HIGHEST LEVEL/ | | SCHOLARSHI |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | | BASIC EDUCATION/DEGF (Write in full) | | ATTEN | DANCE | UNITS EARNED (if not graduated) | YEAR GRADUATED | |
| | | | | | From | То | (g) | | RECEIVED |
| ELEMENTARY | | | | | | | | | |
| SECONDARY | | | | | | | | | |
| VOCATIONAL / TRADE COURSE | | | | | | | | | |
| COLLEGE | | | | | | | | | |
| GRADUATE STUDIES | | | | | | | | | |
| | | (Contin | nue on separate sheet if n | ecessary) | | | | | l |
| SIGNATURE | | | DATE | | | | CS FORM 212 (| Revised 2017 |), Page 1 of 4 |

| IV. | CIVIL | SERVICE I | ELIGIBILITY | | | | | | | |
|--|--------|----------------|-----------------------------------|-------------------|-----------------------------|--------------------------------|-------------------|--|--------------------------|---------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) | | | RATING | DATE OF | | | | LICENSE (if applicable) | | |
| UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | | | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINA | TION / CONF | ERMENT | NUMBER | Date of Validity |
| | | | | | | | | | | validity |
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| W | WORK | , EVDEDIE | NOF | (Contin | ue on separate she | et if necessary) | | | | |
| | | EXPERIE | NGE nt. Start from your recent | work) Description | of duties should be | indicated in the attached | Work Experi | ience sheet. | | |
| 28. | INCLUS | SIVE DATES | POSITION 1 | | | / AGENCY / OFFICE / | | SALARY/ JOB/ PAY GRADE (if | 0747110.05 | GOV'T |
| | | n/dd/yyyy) | (Write in full/Do not | | C (Write in ful | OMPANY I/Do not abbreviate) | MONTHLY SALARY | applicable)& STEP (Format "00-0")/ | STATUS OF APPOINTMENT | SERVICE (Y/N) |
| | From | То | | | , | , | | INCREMENT | | |
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| | | | | (Contin | ue on separate she | et if necessary) | | | | |
| | SIGNA | ATURE | | | DATE | | | CS FORM 21 | 2 (Revised 2017), | Page 2 of 4 |
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| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | | |
|---|---|---------------------------------------|--|--------------------|---------------------------|---|---|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | | INCLUSIVE DATES (mm/dd/yyyy) From To | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | |
| | | | 110111 | 10 | | | |
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| VII. LI | EARNING AND DEVELOPMEN | • | e on separate s | | | IDED | |
| | om the most recent L&D/training program | | /training taken | for the last fiv | | | Executive/Managerial positions) |
| 30. | TITLE OF LEARNING AND DEVELOPMENT PROGRAMS (Wri | | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full) |
| | | | From | То | | Technical/etc) | |
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| VIII. C | OTHER INFORMATION | (Continu | e on separate s | sheet if necess | sary) | | |
| 31. | SPECIAL SKILLS and HOBBIES | 32. NON-ACA | DEMIC DISTING (Write | | OGNITION | | MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (Continu | e on separate s | sheet if necess | sary) | | |
| | SIGNATURE | (50.000 | | DATE | | | CS FORM 212 (Revised 2017), Page 3 of 4 |

| Are you related by consanguinity or affinity to the appointin of bureau or office or to the person who has immediate sup Department where you will be apppointed, | | | | | | |
|---|---|--|---|--|--|--|
| a. within the third degree? | | YES | NO | | | |
| b. within the fourth degree (for Local Government Ur | YES | NO | | | | |
| | | If YES, give de | etails: | | | |
| | | | | | | |
| 35. a. Have you ever been found guilty of any administra | YES | NO | | | | |
| | | If YES, give de | etails: | | | |
| | | | | | | |
| b. Have you been criminally charged before any cou | rt? | YES | NO | | | |
| | | If YES, give de | etails: | | | |
| | | | Date Filed: | | | |
| | | Status | of Case/s: | | | |
| 36. Have you ever been convicted of any crime or violat regulation by any court or tribunal? | ion of any law, decree, ordinance or | YES | NO | | | |
| regulation by any court of tribunal? | | If YES, give de | etails: | | | |
| | | | | | | |
| 37. Have you ever been separated from the service in a | | YES | NO | | | |
| retirement, dropped from the rolls, dismissal, termina phased out (abolition) in the public or private sector? | | If YES, give de | etails: | | | |
| | | | | | | |
| 38. a. Have you ever been a candidate in a national or lo (except Barangay election)? | ocal election held within the last year | YES | NO | | | |
| (oxoopt Burangay oroston). | | If YES, give details | .: | | | |
| Have you resigned from the government service during election to promote/actively campaign for a national or location. | | YES | NO | | | |
| election to promote/actively campaign for a national of loca | ai Cariuidate : | If YES, give details | : | | | |
| 39. Have you acquired the status of an immigrant or per | manent resident of another country? | YES | NO | | | |
| | | If YES, give details (country): | | | | |
| | | | | | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas | | | | | | |
| | se answer the following items. | | | | | |
| a Are you a member of any indigenous group? | | YES If YES, please sp | NO ocifu: | | | |
| b Are you a person with disability? | | YES | NO NO | | | |
| , | | If YES, please sp | | | | |
| c. Are you a solo parent? | | YES | NO | | | |
| | | If YES, please sp | ecify ID No: | | | |
| 41. REFERENCES (Person not related by consanguinity or aff | inity to applicant /appointee) | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | |
| | | | ID picture taken within the last 6 months | | | |
| | | | 3.5 cm. X 4.5 cm (passport size) | | | |
| | | | With full and handwritten | | | |
| | | | name tag and signature over printed name | | | |
| 42. I de alors un der ooth that I have nersenally accompli | ah ad this Daysawal Data Chast which is | 0 true 00 react | Computer generated | | | |
| I declare under oath that I have personally accomplised and complete statement pursuant to the provisions of | | | or photocopied picture is not acceptable | | | |
| the Philippines. I authorize the agency head / author herein. I agree that any misrepresentation made in the state of the Philippines. | | | | | | |
| of administrative/criminal case/s against me. | ins document and its attachments shall | cause the ming | PHOTO | | | |
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| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | | |
| PLEASE INDICATE ID Number and Date of Issuance | | | | | | |
| Government Issued ID: | | | | | | |
| ID/License/Passport No.: | Signatura (Sign incide the | hov) | | | | |
| Date/Place of Issuance: | Signature (Sign inside the | 50%) | | | | |
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| SUBSCRIBED AND SWORN to before me this | | affiant exhibiting his/h | ner validly issued government ID as | | | |
| - | indicated above. | | | | | |
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| l L | Person Administering O | ath | | | | |
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