## **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

| READ THE ATTACHED GUIDE  Print legibly. Tick appropriate boxes |                               |                      | • •                                     |           |                         | 1. CS ID No.  | (Do r  | not fill up. For  | CSC use only                                    |
|--|-------------------------------|----------------------|---|-----------|-------------------------|---------------|--|-------------------|---|
| I. PERSONAL INFORM   | ATION                         |                      |   |           |                         |               |  |                   |   |
| 2. SURNAME   |                               |                      |   |           |                         |               |  |                   |   |
| FIRST NAME   |                               |                      |   |           |                         |               | NAME EXTENSION                                       | (JR., SR)         |   |
| MIDDLE NAME  |                               |                      |   |           |                         |               |  |                   |   |
| 3. DATE OF BIRTH (mm/dd/yyyy)                                  |                               |                      | 16. CITIZENSHIP                         |           | Filipir                 | 10            | Dual Citizenship                                     | by naturali       | zation  |
| 4. PLACE OF BIRTH  |                               |                      | If holder of dual citiz                 | ·         |                         |               | Pls. indicate  | •                 |   |
| 5. SEX   | Male                          | Female               | please indicate the                     | details.  |                         |               |  |                   |   |
| 6 CIVIL STATUS   | Single<br>Widowed<br>Other/s: | Married<br>Separated | 17. RESIDENTIAL ADDRESS                 |           | e/Block/Lot N           |               |  | Street            |   |
| 7. HEIGHT (m)  |                               |                      | 1                                       |           |                         |               |  | Barangay          |   |
| 8. WEIGHT (kg)   |                               |                      | ZIP CODE                                | City      | y/Municipality          | /             |  | Province          |   |
| 9. BLOOD TYPE  |                               |                      | 18. PERMANENT ADDRESS                   |           |                         |               |  |                   |   |
|  |                               |                      | -                                       | House     | e/Block/Lot l           | Vo.           |  | Street            |   |
| 10. GSIS ID NO.  |                               |                      | _                                       | Subo      | division/Villag         | ge            |  | Barangay          |   |
| 11. PAG-IBIG ID NO.  |                               |                      |   | City      | y/Municipality          | /             |  | Province          |   |
| 12. PHILHEALTH NO.   |                               |                      | ZIP CODE                                |           |                         |               |  |                   |   |
| 13. 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   |                               |                      |   |           | CHILDREN                | (Write full n | name and list all)                                   | DATE C<br>(mm/c   | OF BIRTH<br>dd/yyyy)                            |
| FIRST NAME   |                               |                      | NAME EXTENSION (JR., SR)                |           |                         |               |  |                   |   |
| MIDDLE NAME  |                               |                      |   |           |                         |               |  |                   |   |
| OCCUPATION   |                               |                      |   |           |                         |               |  |                   |   |
| EMPLOYER/BUSINESS<br>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   |                               |                      |   |           |                         |               |  |                   |   |
| MIDDLE NAME  |                               |                      |   |           | (Contir                 | nue on sep    | arate sheet if ned                                   | cessary)          |   |
| III. EDUCATIONAL BA  | CKGROUND                      |                      |   |           |                         |               |  |                   |   |
| 26 LEVEL   | NAME OF S<br>(Write in        |                      | BASIC EDUCATION/DEGF<br>(Write in full) |           | PERIC<br>ATTENI<br>From |               | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHI<br>P/ ACADEMIC<br>HONORS<br>RECEIVED |
| ELEMENTARY   |                               |                      |   |           |                         |               |  |                   |   |
| SECONDARY  |                               |                      |   |           |                         |               |  |                   |   |
| VOCATIONAL /<br>TRADE COURSE                                   |                               |                      |   |           |                         |               |  |                   |   |
| COLLEGE  |                               |                      |   |           |                         |               |  |                   |   |
| GRADUATE STUDIES   |                               |                      |   |           |                         |               |  |                   |   |
|  | ·<br>I                        | (Con                 | tinue on separate sheet if n            | ecessary) |                         |               | -  | -                 | -   |
| SIGNATURE  |                               |                      |   |           | DATE                    |               |  |                   |   |

| IV. CIVIL SERVICE ELIGIBILITY  |   |                                     |                   |  |   |                   |  |                          |                            |
|--|---|-------------------------------------|-------------------|--|---|-------------------|--|--------------------------|----------------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE |   |                                     | RATING            | ATING DATE OF EXAMINATION / PLACE OF EXAMINA                                   |   |                   | EDMENT   | LICENSE (if applicable)  |                            |
|  | BARANGAY ELIGIBILITY / DRIVER'S LICENSE |                                     | (If Applicable)   | CONFERMENT PLACE OF EXAMINA  |   | TION / CONFERMENT |  | NUMBER                   | Date of<br>Validity        |
|  |   |                                     |                   |  |   |                   |  |                          |                            |
|  |   |                                     |                   |  |   |                   |  |                          |                            |
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| V. WOI   | RK EXPERIE                              | NCE                                 | (Contin           | ue on separate shee  | et ir necessary)                        |                   |  |                          |                            |
|  |   | nt. Start from your recent          | work) Description |  |   | Work Exper        | SALARY/ JOB/   |                          |                            |
| 28. INC  | LUSIVE DATES mm/dd/yyyy)                | POSITION T<br>(Write in full/Do not |                   | DEPARTMENT / AGENCY / OFFICE /<br>COMPANY<br>(Write in full/Do not abbreviate) |   | MONTHLY<br>SALARY | PAY GRADE (if<br>applicable)&<br>STEP (Format<br>"00-0")/<br>INCREMENT | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/ N) |
|  |   |                                     |                   |  |   |                   | INOREMENT  |                          |                            |
|  |   |                                     |                   |  |   |                   |  |                          |                            |
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|  |   |                                     | (Contin           | ue on separate shee  | et if necessary)                        |                   |  |                          |                            |
| SIG  | NATURE                                  |                                     |                   |  |   | DATE              |  |                          |                            |

| VI. VOL     | UNTARY WORK OR INVOLV                            | EMENT IN CIVIC / NON G            | OVERNMEI                | NT / PEOPL          | LE / VOLUI         | NTARY ORG                     | GANIZATION/S   |                       |  |
|-------------|--|-----------------------------------|-------------------------|---------------------|--------------------|-------------------------------|--|-----------------------|--|
| 29.         | NAME & ADDRESS OF C                              |                                   | INCLUSIV<br>(mm/de      | /E DATES<br>d/yyyy) | NUMBER OF          |                               | POSITION / NATURE OF WORK                                  | TION / NATURE OF WORK |  |
|             | (Write in ful                                    | l)                                | From                    | То                  | HOURS              |                               |  |                       |  |
|             |  |                                   |                         |                     |                    |                               |  |                       |  |
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|             |  | (Continu                          | e on separate s         | sheet if necess     | ary)               |                               |  |                       |  |
|             | ARNING AND DEVELOPMEN                            |                                   |                         |                     |                    |                               |  |                       |  |
| (Start from | the most recent L&D/training program             | and include only the relevant L&D |                         | DATES OF            | e (5) years for    | Type of LD                    | Executive/Managerial positions)                            |                       |  |
| 30. TI      | TLE OF LEARNING AND DEVELOPMEN<br>PROGRAMS (Writ |                                   | ATTEN<br>(mm/d          |                     | NUMBER OF<br>HOURS | ( Managerial/<br>Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full)                    |                       |  |
|             |  |                                   | From                    | То                  |                    | Technical/etc)                |  |                       |  |
|             |  |                                   |                         |                     |                    |                               |  |                       |  |
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|             |  | (Continu                          | e on separate s         | sheet if necess     | ary)               |                               |  |                       |  |
| VIII. OT    | HER INFORMATION                                  |                                   |                         |                     |                    |                               |  |                       |  |
| 31.         | SPECIAL SKILLS and HOBBIES                       | 32. NON-ACA                       | DEMIC DISTING<br>(Write |                     | OGNITION           |                               | MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full) |                       |  |
|             |  |                                   |                         |                     |                    |                               | (write in idii)  |                       |  |
|             |  |                                   |                         |                     |                    |                               |  |                       |  |
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|             | SIGNATURE  | (Continu                          | e on separate s         | meet II Necess      | aly)               | DATE                          |  |                       |  |
|             |  |                                   |                         |                     |                    |                               |  |                       |  |

| <ol> <li>Are you related by consanguinity or affinity to the appointing of<br/>of bureau or office or to the person who has immediate super<br/>Department where you will be apppointed,</li> </ol> |   |                           |  |  |  |
|---|---|---------------------------|--|--|--|
| a. within the third degree?   | YES NO  |                           |  |  |  |
| b. within the fourth degree (for Local Government Unit  | b. within the fourth degree (for Local Government Unit - Career Employees)? |                           |  |  |  |
|   |   | If YES, give det          | tails:                                     |  |  |
| 35. a. Have you ever been found guilty of any administrativ   | re offense?   | VEC                       | NO   |  |  |
| 35. di Fiaro you ovoi bosificana gamy oi any administrativ  | o ononco.   | YES If YES, give det      | NO<br>tails:                               |  |  |
|   |   |                           |  |  |  |
| b. Have you been criminally charged before any court?   |   | YES                       | NO   |  |  |
| 2. Have you seen ominimally charged select any court.   |   | If YES, give det          |  |  |  |
|   |   |                           | ate Filed:                                 |  |  |
|   |   | Status o                  | f Case/s:                                  |  |  |
| 36. Have you ever been convicted of any crime or violation<br>regulation by any court or tribunal?  | of any law, decree, ordinance or  | YES                       | NO   |  |  |
| , ,   |   | If YES, give det          | tails:                                     |  |  |
| 37. Have you ever been separated from the service in any  | of the following modes: resignation   |                           |  |  |  |
| retirement, dropped from the rolls, dismissal, termination  |   | YES<br>If YES, give det   | NO<br>tails:                               |  |  |
| phased out (abolition) in the public or private sector?   |   |                           |  |  |  |
| 38. a. Have you ever been a candidate in a national or loca (except Barangay election)?   | al election held within the last year                                       | YES                       | NO   |  |  |
| (except barangay election):   |   | If YES, give details:     |  |  |  |
| <ul> <li>Have you resigned from the government service during the<br/>election to promote/actively campaign for a national or local or</li> </ul>   |   | YES                       | NO   |  |  |
|   |   | If YES, give details:     |  |  |  |
| 39. Have you acquired the status of an immigrant or perma   | inent resident of another country?  | YES                       | NO   |  |  |
|   |   | If YES, give det          | talls (country):                           |  |  |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr  | a Carta for Disabled Persons (RA 7277);                                     |                           |  |  |  |
| and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a  | answer the following items:   |                           |  |  |  |
| a Are you a member of any indigenous group?   | a Are you a member of any indigenous group?                                 |                           |  |  |  |
| b Are you a person with disability?   | Are you a person with disability?   |                           |  |  |  |
| ,   |   | YES<br>If YES, please spe | NO<br>cify ID No:                          |  |  |
| c. Are you a solo parent?   |   | YES                       | NO   |  |  |
|   |   | If YES, please spe        | city ID No:                                |  |  |
| 41. REFERENCES (Person not related by consanguinity or affinit  | y to applicant /appointee)  |                           |  |  |  |
| NAME  | ADDRESS   | TEL. NO.                  | ID picture taken within                    |  |  |
|   |   |                           | the last 6 months<br>3.5 cm. X 4.5 cm      |  |  |
|   |   |                           | (passport size)  With full and handwritten |  |  |
|   |   |                           | name tag and signature over printed name   |  |  |
| 42. I de clare un der ooth that I have norsenally accomplish  | ad this Darsanal Data Chast which is  | - twis                    | Computer generated                         |  |  |
| 42. I declare under oath that I have personally accomplishe<br>and complete statement pursuant to the provisions of p   | ertinent laws, rules and regulations o                                      | f the Republic of         | or photocopied picture is not acceptable   |  |  |
| the Philippines. I authorize the agency head / authorize<br>herein. I agree that any misrepresentation made in this   |   |                           | PUOTO                                      |  |  |
| of administrative/criminal case/s against me.   |   | J                         | 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.:  |   |                           |  |  |  |
|   | Signature (Sign inside the  | box)                      |  |  |  |
| Date/Place of Issuance:   | Date Accomplished   |                           | Right Thumbmark                            |  |  |
| SUBSCRIBED AND SWORN to before me this  |   | ffiant exhibiting his/he  | er validly issued government ID as         |  |  |
|   | indicated above.  |                           |  |  |  |
|   |   |                           |  |  |  |
|   |   |                           |  |  |  |
|   | Person Administering Oa   | ath                       |  |  |  |
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