

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

| | | | | |
|----------------------------------|-------------|---|-----------------------------|--|
| 2. SURNAME | | | | |
| | FIRST NAME | | NAME EXTENSION (JR., SR) | |
| | MIDDLE NAME | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | | 16. CITIZENSHIP If holder of dual citizenship, please indicate the details. | Filipino | Dual Citizenship by birth by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | | | | |
| 5. SEX | MaleFemale | | | |
| 6 CIVIL STATUS | Single | Married | 17. RESIDENTIAL ADDRESS | |
| | Widowed | Separated | | House/Block/Lot No. Street |
| | Other/s: | | | Subdivision/Village Barangay |
| 7. HEIGHT (m) | | | ZIP CODE | City/Municipality Province |
| 8. WEIGHT (kg) | | | | |
| 9. BLOOD TYPE | | | | House/Block/Lot No. Street |
| 10. GSIS ID NO. | | | ZIP CODE | Subdivision/Village Barangay |
| 11. PAG-IBIG ID NO. | | | | City/Municipality Province |
| 12. PHILHEALTH NO. | | | | |
| 13. SSS NO. | | | 19. TELEPHONE NO. | |
| 14. TIN NO. | | | 20. MOBILE NO. | |
| 15. AGENCY EMPLOYEE NO. | | | 21. E-MAIL ADDRESS (if any) | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-------------|---|---|-------------------------------|
| 22. SPOUSE'S SURNAME | | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/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 | | | |
| | MIDDLE NAME | (Continue on separate sheet if necessary) | | |

III. EDUCATIONAL BACKGROUND

| | | | | | | | |
|------------------------------|-----------------------------------|--|----------------------|----|--|----------------|---------------------------------------|
| 26 LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| | | | From | To | | | |
| ELEMENTARY | | | | | | | |
| SECONDARY | | | | | | | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | | | | | | | |
| GRADUATE STUDIES | | | | | | | |

(Continue on separate sheet if necessary)

| | | | |
|-----------|--|------|--|
| SIGNATURE | | DATE | |
|-----------|--|------|--|

| IV. CIVIL SERVICE ELIGIBILITY | | | | | |
|--|---------------------------|--|-----------------------------------|-------------------------|---------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | |
| | | | | NUMBER | Date of Validity |
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| V. WORK EXPERIENCE | | | | | | | |
|--|----|---|--|-------------------|--|--------------------------|----------------------------|
| (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet. | | | | | | | |
| 28. INCLUSIVE DATES (mm/dd/yyyy) | | POSITION TITLE (Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| From | To | | | | | | |
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| SIGNATURE | | DATE | |
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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) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|--------------------|---------------------------|
| | | From | To | | |
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(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
|-----|--|--|----|--------------------|---|--|
| | | From | To | | | |
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|----------------------------|-----|--|-----|--|
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(Continue on separate sheet if necessary)

| SIGNATURE | | DATE | |
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