

36.

Are you related by consanguinity or affinity to any of the following:

a.) Within the third degree(for the 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?

b.)Within the fourth degree (for Local Government Employees)
Appointing authority or recommending authority where you will be appointed?

☐ YES

☐ NO

If YES, give details

☐ YES

☐ NO

If YES, give details

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a.) Have you ever been formally charged?

b.) Have you been guilty of administrative offense?

☐ YES

☐ NO

If YES, give details

☐ YES

☐ NO

If YES, give details

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Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES

☐ NO

If YES, give details

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?

☐ YES

☐ NO

If YES, give details

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Have you ever been candidate in the national or local election (except for barangay election) ?

☐ YES

☐ NO

If YES, give details

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Pursuant to: (a) Indigenous People's Act (RA 8371) (b) Magna Carta for disabled persons (RA 727) and (c) Solo Parents Welfare Act of 2000 (RA 8972) please answer the following items:

a.) Are you a member of indigenous group?

b.) Are you differently abled?

c.) Are you a solo parent?

☐ YES

☐ NO

If YES, please specify : _____

☐ YES

☐ NO

If YES, please specify : _____

☐ YES

☐ NO

If YES, please specify : _____

42. REFERENCES (Person not related by consaguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.

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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.

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.

PHOTO

COMMUNITY TAX CERTIFICATE NO.

ISSUED AT

ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)

May 16, 2012

DATE ACCOMPLISHED

RIGHT THUMBMARK