

36.	Are you related by consanguinity or affinity to any of the following: a.) Within tehe 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?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div>	
37	a.) Have you ever been formaly charged? b.) Have you been guilty of administrative offense?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div>	
38	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div>	
39	Have you ever been separate from the service in any of the following modes: resignation retirement, cropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div>	
40	Have you ever been candidate in the national or local election (except for barangay election) ?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details _____ _____</div>	
41	Pursuant to: (a) Indigenous People's Act (RA 8371) (b) Magna Carla 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 diffently abled? c.) Are you a solo parent?	<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify : _____</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify : _____</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify : _____</div>	
42. REFERENCES (Person not related by consaguinity or affinity to applicant/appointee)			
NAME		ADDRESS	TEL. NO.
43 I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement persuant 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 confedential.			<div>PHOTO</div>
<div><div>COMMUNITY TAX CERTIFICATE NO.</div><div>ISSUED AT</div><div>ISSUED ON (mm/dd/yyyy)</div><div>SIGNATURE (Sign inside the box)</div><div>DATE ACCOMPLISHED</div></div> <div>RIGHT THUMBMARK</div>			
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