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.
GUIDE TO FILLING GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.
Print legibly. Tick

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL

I. PERSONAL INFORMATION										
	SURNAME	Doe								
	FIRST NAME	John				NAME EXTENSION (JR., SR)			Married	Please indicate country:
	MIDDLE NAME	A.				(Jr., Sr.)				Afghanistan
	DATE OF BIRTH (mm/dd/yyyy)	0199-05-21	16. CITIZENSHIP						Separated	Albania
4.	PLACE OF BIRTH	Manila	If holder of dual citizenship,			Pls. indicate country:			Solo Parent	Algeria
5.	SEX	male	please indicate the details.			country.				Andorra
6	CIVIL STATUS	married	17. RESIDENTIAL ADDRESS	Aliqua Quibusdam si		Non quia amet ut nu				Angola
				House/Block/Lot No.		Street				Antigua and Barbuda
				Quo inventore dolore		Eius at perspiciatis				Argentina
				Subdivision/Village		Barangay				Armenia Aruba
7.	HEIGHT (m)	170		Voluptatem optio fu		Alias adipisci tempo				Australia
8.	WEIGHT (kg)	70	ZIP CODE	City/Municipality 15132		Province				Austria Azerbaijan
9.	BLOOD TYPE	0	18. PERMANENT ADDRESS	Minim quia excepturi		Iste sit consectetu				Bahamas, The
				House/Block/Lot No.		Street				Bahrain
10.	GSIS ID NO.	456789123		Proident dicta quis		Est nemo non enim s				Bangladesh
				Subdivision/Village		Barangay				Barbados
11.	PAG-IBIG ID NO.	654987321		Reprehenderit provi		Pariatur Sunt eveni				Belarus
				City/Municipality		Province				Belgium
	PHILHEALTH NO.	321654987		41757						Belize
13. 14. TIN NO.	SSS NO.		19. TELEPHONE NO. 20. MOBILE NO.	1234567 09123456789						Benin Bhutan
15. AGENCY		4806550		johndoe@example.com						Bolivia
EMPLOYEE NO. II. FAMILY		1000000	21. 2 Para Prassing (in unit)	Journa oo Gourn protoon						Bosnia and
BACKGROUND										Herzegovina
22.	SPOUSE'S SURNAME	Knapp		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)			Botswana
	FIRST NAME MIDDLE NAME	Otto Bevis Page	NAME EXTENSION (JR., SR)	Abbot O. Henson Ciara J. Boone			1991-10-18 1997-06-06			Brazil Brunei
	OCCUPATION	Ea impedit								Bulgaria
	EMPLOYER/BUSINESS	quia omn Chervl								_
	NAME	Finch +1 (439)								Burkina Faso
	BUSINESS ADDRESS	369-8319 Reiciendis								Burma
	TELEPHONE NO.	dicta sit								Burundi Cambodia
	FATHER'S SURNAME FIRST NAME	Valencia Odette	NAME EXTENSION (JR., SR)							Campodia
	MIDDLE NAME	Athena Berger								Canada
25.	MOTHER'S MAIDEN NAME									Cape Verde
	SURNAME	Howe								Central African
	FIRST NAME	Minerva		(0						Chad
	MIDDLE NAME	Christen Benton		(Continue on separate sheet if necessary)						Chile
III. EDUCATIONAL BACKGROUND										China
26.	LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE		YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		Colombia
						graduated)				Comoros

1. (Do not fill CS up. For CSC ID use only)

From To

Comoros Congo, Democratic Republic of the

ELEMENTARY	Aurelia Hutchinson	Maxime alias fugiat	3	53	Ad nulla enim culpa	1988	Qui quasi ea dolor o
SECONDARY	Qui quasi ea dolor o	Qui quasi ea dolor o	28	32	Qui quasi ea dolor o	1998	Qui quasi ea dolor o
VOCATIONAL / TRADE COURSE	Jack Joyce	Quia officia non vol	37	31	Consequuntur do dolo	2016	Exercitation sit ob
COLLEGE	Colton Fuentes	Consequuntur officia	94	59	Culpa et cum id quis	1982	Provident commodo n
GRADUATE STUDIES	Orli Garza	Nam harum dolores el	53	21	Libero nemo enim lab	2012	Ut in ea culpa earu

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DATE

Congo, Republic of the

Costa Rica

Cote d'Ivoire

Croatia Cuba

Curacao

Cyprus

Czech Republic

Djibouti Dominica

Dominican Republic East Timor

Ecuador Egypt

El Salvador Equatorial

Equatorial Guinea Eritrea

Estonia Ethiopia Fiii

Ethiopia Fiji Finland

France Gabon

Gambia, The Georgia Germany

Ghana Greece Grenada

Guatemala Guinea

Guinea-Bissau Guyana

Haiti Holy See

Honduras Hong Kong

Hungary Iceland India

Indonesia Iran

Iraq Ireland

Israel Italy

Jamaica Japan Jordan

Jordan Kazakhstan

Kenya Kiribati Korea, North

Korea, South Kosovo Kuwait

Kuwait Kyrgyzstan Laos

Latvia Lebanon Lesotho

Liberia Libya

Liechtenstein Lithuania

Luxembourg Macau

Macau Macedonia Madagascar

Malawi Malaysia

Maldives Mali

Malta Marshall Islands

Mauritania Mauritius

Mexico Micronesia Moldova

Monaco Mongolia Montenegro

Morocco

Mozambique Namibia Nauru Nepal Netherlands Netherlands Antilles New Zealand Nicaragua Niger Nigeria North Korea Norway Oman Pakistan Palau Palestinian Territories Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Qatar Romania Russia Rwanda Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines Samoa San Marino Sao Tome and Principe

Saudi Arabia Senegal Serbia Seychelles Sierra Leone Singapore Sint Maarten Slovakia Slovenia Solomon Islands Somalia South Africa South Korea South Sudan Spain Sri Lanka Sudan Suriname Swaziland Sweden Switzerland Syria Taiwan Tajikistan Tanzania Thailand Timor-Leste Togo Tonga Trinidad and Tobago Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine United Arab Emirates United Kingdom Uruguay Uzbekistan Vanuatu Venezuela Vietnam Yemen Zambia Zimbabwe

IV. CIVIL SERVICE ELIGIBILITY CAREER SERVICE/ RA 1080 (BOARD/ BAR) DATE OF PLACE OF UNDER RATING (If LICENSE (if EXAMINATION EXAMINATION SPECIAL 27. Applicable) applicable) LAWS/ CES/ CSEE CONFERMENT CONFERMENT BARANGAY ELIGIBILITY / DRIVER'S LICENSE NUMBER neque corpo 07/24/2022 Adipisci et Amet Ut minus quasi qui aute repudiandae do quis Vero Voluptatem Beatae Earum odit repudiandae 10/23/2002 Nulla co doloremque pl praesenti sol Veniam Lorem est Nulla in Do do sunt 12/17/1979 architecto e temporibu occaecat re molestia (Continue on separate sheet if necessary) V. WORK **EXPERIENCE** (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet. CALADAZI

Date of

Validity

05/29/2024

05/29/2024

05/29/2024

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						
10/05/1998	02/15/1975	Eius sequi reprehend	Espinoza and Chandler Associates	3	48	Ea omnis duis eos of	0
01/27/1976	11/06/2006	Deleniti sequi et ni	Moss and Parrish LLC	4	73	Dolor eos excepteur	1

(Continue on separate sheet if necessary) SIGNATURE CS FORM 212 (Revised 2017), Page 2 of 4

DATE

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

NAME & ADDRESS OF ORGANIZATION (Write in full) 29.

INCLUSIVE NUMBER POSITION / DATES (mm/dd/yyyy) OF HOURS NATURE OF WORK

From

Gilmore and Flowers Associates

07/17/1998

05/05/2021 6

Illum vitae eu eius

(Continue on separate sheet if necessary)

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

30.

TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)

INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)

NUMBER Managerial/ SPONSORED
OF Supervisory/ HOURS Supervisory/ Fuchnical/etc full

To

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.

SPECIAL SKILLS and HOBBIES

NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)

33.

MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE

DATE

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34.	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	If YES, give details:	
35.	a. Have you ever been found guilty of any administrative offense?	If YES, give details:	_
	b. Have you been criminally charged before any court?	If YES, give details:	-
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	Status of Case/s: If YES, give details:	Date Filed:
37.	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 or phased out (abolition) in the public or private sector?	TOWER	-
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	If YES, give details: If YES, give details:	

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

If YES, give details:

39.

Have you acquired the status of an immigrant or permanent resident of another country?

If YES, give details (country):

40.

Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

Are you a member of any indigenous group?

If YES, please specify:

b.

a.

Are you a person with disability?

If YES, please specify ID No:

c.

Are you a solo parent?

If YES, please specify ID No:

REFERENCES (Person not related by consanguinity or affinity to applicant

/appointee)

41. NAME

ADDRESS TEL. NO.

I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize

the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments

shall cause the filing of administrative/criminal

case/s against me.

РНОТО

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance

42.

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 , affiant exhibiting his/her validly issued government ID as indicated above.

> Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4 Yes/No Cstat Gender Yes Single Male No Married Female

Separated Widowed