

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 if accomplished through own handwriting. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME			
2. FIRST NAME			NAME EXTENSION (JR., SR)
MIDDLE NAME			
3. DATE OF BIRTH (dd/mm/yyyy)		16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____
7. HEIGHT (m)		18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____
8. WEIGHT (kg)			
9. BLOOD TYPE			
10. UMID ID NO.			
11. PAG-IBIG ID NO.		19. TELEPHONE NO.	
12. PHILHEALTH NO.			
13. PhilSys Number (PSN):		20. MOBILE NO.	
14. TIN NO.		21. E-MAIL ADDRESS (if any)	
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/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	(wet signature/e-signature/digital certificate)	DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	(wet signature/e-signature/digital certificate)	DATE	
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<p>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 appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p>																
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>																
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p>																
<p>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?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p>																
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p>																
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details (country): _____</p>																
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>																
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL													<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;"> Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm </div> <p style="text-align: center; margin-top: 10px;">PHOTO</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;"> </div> <p style="text-align: center; margin-top: 10px;">Right Thumbmark</p>
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL															
<p>42. 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.</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="padding: 2px;">Government Issued ID:</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.:</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px; vertical-align: bottom; padding: 5px;"> Signature (Sign inside the box) </td> </tr> <tr> <td style="height: 20px; vertical-align: bottom; padding: 5px;"> Date Accomplished </td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished										
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; margin: 10px auto; padding: 10px; text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">(wet signature/e-signature/digital certificate except for notary public)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px auto;"></div> <p style="margin: 0;">Person Administering Oath</p> </div>																	