

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME																																							
FIRST NAME																																							
MIDDLE NAME																									3. NAME EXTENSION (e.g. Jr., Sr.)														
4. DATE OF BIRTH (mm/dd/yyyy)										/ /		16. RESIDENTIAL ADDRESS																											
5. PLACE OF BIRTH																				ZIP CODE																			
6. SEX										<input type="checkbox"/> Male <input type="checkbox"/> Female																													
7. CIVIL STATUS										<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____																				17. TELEPHONE NO.									
8. CITIZENSHIP																														18. PERMANENT ADDRESS									
9. HEIGHT (m)																				ZIP CODE																			
10. WEIGHT (kg)																																							
11. BLOOD TYPE																				19. TELEPHONE NO.																			
12. GSIS ID NO.																				20. E-MAIL ADDRESS (if any)																			
13. PAG-IBIG ID NO.																				21. CELLPHONE NO. (if any)																			
14. PHILHEALTH NO.																				22. AGENCY EMPLOYEE NO.																			
15. SSS NO.																				23. TIN																			

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME											25. NAME OF CHILD (Write full name and list all)										DATE OF BIRTH (mm/dd/yyyy)									
FIRST NAME																														
MIDDLE NAME																														
OCCUPATION																														
EMPLOYER/BUS. NAME																														
BUSINESS ADDRESS																														
TELEPHONE NO.																														
(Continue on separate sheet if necessary)																														
26. FATHER'S SURNAME																														
FIRST NAME																														
MIDDLE NAME																														
27. MOTHER'S MAIDEN NAME																														
SURNAME																														
FIRST NAME																														
MIDDLE NAME											(Continue on separate sheet if necessary)																			

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
	From	To						

(Continue on separate sheet if necessary)

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

<div>a. Within the third degree (for 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?</div> <div>b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?</div>			<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>		
<div>37 a. Have you ever been formally charged?</div> <div>b. Have you ever been guilty of any administrative offense?</div>			<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 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?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____</div>		
40. Have you ever been a candidate in a national or local election (except Barangay election)?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____</div>		
<div>41. 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:</div> <div>a. Are you a member of any indigenous group?</div> <div>b. Are you differently abled?</div> <div>c. Are you a solo parent?</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> <div><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____</div>		
42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)					
NAME		ADDRESS		TEL. NO.	
<div>43. 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.</div> <div>I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.</div>				<div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</div> <div>Computer generated or xerox copy of picture is not acceptable</div> <div>PHOTO</div>	
<div>COMMUNITY TAX CERTIFICATE NO.</div> <div>ISSUED AT</div> <div>/ /</div> <div>ISSUED ON (mm/dd/yyyy)</div>		<div>SIGNATURE (Sign inside the box)</div> <div>DATE ACCOMPLISHED</div>		<div>RIGHT THUMBMARK</div>	
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