

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. CITIZENSHIP | | | | | | | | | | <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ | | | | | | | | | | 17. TELEPHONE NO. | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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)

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

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

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

| 33. | SPECIAL SKILLS / HOBBIES: | 34. | NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full) | 35. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|---------------------------|-----|---|-----|--|
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(Continue on separate sheet if necessary)

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|---|--|---|---|--|--|
| <div>36. Are you related by consanguinity or affinity to any of the following :</div> <div><div><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><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div><div></div></div></div><div><div>b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div><div></div></div></div></div></div></div> | | | | | |
| <div>37 a. Have you ever been formally charged?</div> <div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div> <div><div>b. Have you ever been guilty of any administrative offense?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div></div> | | | | | |
| <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> | | | <div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div> | | |
| <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> | | | <div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></div> | | |
| <div>40. Have you ever been a candidate in a national or local election (except Barangay election)?</div> | | | <div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, give details: <div></div><div></div></div></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><div><div>a. Are you a member of any indigenous group?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, please specify: <div></div></div></div><div><div>b. Are you differently abled?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, please specify: <div></div></div></div><div><div>c. Are you a solo parent?</div><div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div><div>If YES, please specify: <div></div></div></div></div></div></div></div> | | | | | |
| <div>42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</div> | | | | | |
| 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><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> | |
| <div><div></div><div>COMMUNITY TAX CERTIFICATE NO.</div><div></div><div>ISSUED AT</div><div>/ /</div><div>ISSUED ON (mm/dd/yyyy)</div></div> | | <div><div></div><div>SIGNATURE (Sign inside the box)</div><div></div><div>DATE ACCOMPLISHED</div></div> | | <div><div></div><div>RIGHT THUMBMARK</div></div> | |
| | | | | | |
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