

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 box(es) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

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

II. FAMILY BACKGROUND

| | | | | | |
|---|--|--------------------------|--|-----------------------------------|--|
| 22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME | 23. NAME OF CHILDREN (Write full name and list all) | | | DATE OF BIRTH (dd/mm/yyyy) | |
| | | | | | |
| | | | | | |
| OCCUPATION | | | | | |
| EMPLOYER/BUSINESS NAME | | | | | |
| BUSINESS ADDRESS | | | | | |
| TELEPHONE NO. | | | | | |
| 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME | | | | | |
| | <input type="checkbox"/> | NAME EXTENSION (JR., SR) | | | |
| | | | | | |
| (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 |
|---|---|--|----------------------|-------------|--|-------------------|---|
| | | | | | | | |
| ELEMENTARY | | | | | | | |
| SECONDARY | | | | | | | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | | | | | | | |
| GRADUATE STUDIES | | | | | | | |
| (Continue on separate sheet if necessary) | | | | | | | |
| SIGNATURE | (wet signature/e-signature/digital certificate) | | | DATE | | | |

IV. CIVIL SERVICE ELIGIBILITY

(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.

(Continue on separate sheet if necessary)

| | | | |
|------------------|---|-------------|--|
| SIGNATURE | (wet signature/e-signature/digital certificate) | DATE | |
|------------------|---|-------------|--|

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

(Continue on separate sheet if necessary)

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

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

(Continue on separate sheet if necessary)

| | | | |
|------------------|---|-------------|--|
| SIGNATURE | (wet signature/e-signature/digital certificate) | DATE | |
|------------------|---|-------------|--|

| <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> <ol style="list-style-type: none"> within the third degree? within the fourth degree (for Local Government Unit - Career Employees)? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <hr/> | | | | | | | | | | | | | | | |
|---|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|---|
| <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> | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <hr/> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____ | | | | | | | | | | | | | | | |
| <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> | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <hr/> | | | | | | | | | | | | | | | |
| <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> | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <hr/> | | | | | | | | | | | | | | | |
| <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> | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ | | | | | | | | | | | | | | | |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details (country): <hr/> | | | | | | | | | | | | | | | |
| <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> <ol style="list-style-type: none"> Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No.: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No.: _____ | | | | | | | | | | | | | | | |
| <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="text-align: center; padding: 2px;">NAME</th> <th style="text-align: center; padding: 2px;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="text-align: center; padding: 2px;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> | NAME | OFFICE / RESIDENTIAL ADDRESS | CONTACT NO. AND/OR EMAIL | | | | | | | | | | | | | <div style="border: 1px solid black; width: 100%; height: 100px; margin-bottom: 10px;"></div> <div style="text-align: center; font-size: small;">Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm</div> <div style="text-align: center; font-size: small;">PHOTO</div> |
| NAME | OFFICE / RESIDENTIAL ADDRESS | CONTACT NO. AND/OR EMAIL | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| <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> | <div style="border: 1px solid black; width: 100%; height: 100px; margin-bottom: 10px;"></div> | | | | | | | | | | | | | | | |
| <p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></p> <p>Government Issued ID:</p> <p>ID/License/Passport No.:</p> <p>Date/Place of Issuance:</p> | <div style="text-align: center; color: red; font-size: small;">(wet signature/e-signature/digital certificate)</div> <div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center; color: small;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="text-align: center; color: small;">Date Accomplished</div> <div style="border: 1px solid black; width: 100%; height: 10px;"></div> | <div style="border: 1px solid black; width: 100%; height: 100px; margin-bottom: 10px;"></div> <div style="text-align: center; color: small;">Right Thumbmark</div> | | | | | | | | | | | | | | |
| <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: 100%; height: 100px; margin-bottom: 10px;"></div> <div style="text-align: center; color: red; font-size: small;">(wet signature/e-signature/digital certificate except for notary public)</div> <div style="border: 1px solid black; width: 100%; height: 10px; margin-bottom: 5px;"></div> <div style="text-align: center; color: small;">Person Administering Oath</div> <div style="border: 1px solid black; width: 100%; height: 10px;"></div> | | | | | | | | | | | | | | | | |