***CS Form No. 212***

***Revised 2017***

**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.***

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| Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable. **DO** **NOT ABBREVIATE.** | | | | | 1. CS ID No. | | | (Do not fill up. For CSC use only) | |
| 1. ***PERSONAL INFORMATION*** | | | | | | | | | |
| 1. SURNAME | «surname» | | | | | | | | |
| FIRST NAME | «firstname» | | | | | | NAME EXTENSION (JR., SR)  «nameext» | | |
| MIDDLE NAME | «middlename» | | | | | | | | |
| 1. DATE OF BIRTH   (mm/dd/yyyy) | «dob» | | 1. CITIZENSHIP   If holder of dual citizenship, | Filipino | | Dual Citizenship  By birth  By naturalization | | | |
| 1. PLACE OF BIRTH | «pob» | | please indicate the details |  | | Please indicate country: | | | |
| 1. SEX | Male | Female |  |  | | «dual-citizenship-country» | | | |
| 1. CIVIL STATUS | Single  Widowed  Separated | Married  Widower  Others | 1. RESIDENTIAL ADDRESS | «res\_address» | | | | | |
| 1. HEIGHT (m) | «height» | |
| 1. WEIGHT (kg) | «weight» | | ZIP CODE | «res\_zipcode» | | | | | |
| 1. BLOOD TYPE | «bloodtype» | | 1. PERMANENT ADDRESS | «perm\_address» | | | | | |
| 1. GSIS NO. | «gsis» | |
| 1. PAG-IBIG NO. | «pagibig» | |
| 1. PHILHEALTH NO. | «ph» | | ZIP CODE | «perm\_zipcode» | | | | | |
| 1. SSS NO. | «sss» | | 1. TELEPHONE NO. | «telephoneno» | | | | | |
| 1. TIN NO. | «tin» | | 1. MOBILE NO. | «mobileno» | | | | | |
| 1. AGENCY EMPLOYEE NO. | «employeeno» | | 1. E-MAIL ADDRESS (if any) | «email» | | | | | |
| 1. ***FAMILY BACKGROUND*** | | | | | | | | | |
| 1. SPOUSE’S SURNAME | «spouse\_surname» | | | 1. NAME OF CHILDREN (Write full name and list all) | | | | | DATE OF BIRTH  (mm/dd/yyyy) |
| FIRST NAME | «spouse\_firstname» | | NAME EXTENSION (JR., SR)  «spouse\_nameext» |  | | | | |  |
| MIDDLE NAME | «spouse\_middlename» | | |  | | | | |  |
| OCCUPATION | «spouse\_occupation» | | |  | | | | |  |
| EMPLOYER/BUSINESS NAME | «spouse\_employer» | | |  | | | | |  |
| BUSINESS ADDRESS | «spouse\_businessaddress» | | |  | | | | |  |
| TELEPHONE NO. | «spouse\_telephoneno» | | |  | | | | |  |
| 1. FATHER’S SURNAME | «father\_surname» | | |  | | | | |  |
| FIRST NAME | «father\_firstname» | | NAME EXTENSION (JR., SR)  «father\_nameext» |  | | | | |  |
| MIDDLE NAME | «father\_middlename» | | |  | | | | |  |
| 1. MOTHER’S SURNAME | «mother\_surname» | | |  | | | | |  |
| FIRST NAME | «mother\_firstname» | | |  | | | | |  |
| MIDDLE NAME | «mother\_middlename» | | | (Continue on separate sheet if necessary) | | | | | |

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| 1. ***EDUCATIONAL BACKGROUND*** | | | | | | | |
| 1. 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 GRAD. | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|  |  |  | From | To |  |  |  |
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| 1. ***CIVIL SERVICE ELIGIBILITY*** | | | | | |
| 1. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING  (If applicable) | DATE OF EXAMINATION/ CONFERMENT | PLACE OF EXAMINATION/CONFIRMENT | LICENSE (if applicable) | |
|  |  |  |  | NUMBER | Date of Validity |
|  |  |  |  |  |  |

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| 1. ***WORK EXPERIENCE***   ***(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*** | | | | | | | |
| 1. 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 |  |  |  |  |  |  |
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| 1. ***VOLUNTARY WORK OR INVOLVEMENT IN CIVIC/NON-GOVERNMENT/PEOPLE/VOLUNTARY ORGANIZATION/S*** | | | | |
| 1. NAME & ADDRESS OF OGRANIZATION   (Write in full) | INCLUSIVE DATES  (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION/NATURE OF WORK |
|  | From | To |  |  |
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| 1. ***LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED***   *(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)* | | | | | |
| 1. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS   (Write in full) | INCLUSIVE DATES OF ATTENDANCE  (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc.) | CONDUCTED/ SPONSORED BY  (Write in full) |
|  | From | To |  |  |  |
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| 1. ***OTHER INFORMATION*** | | |
| 1. SPECIAL SKILLS and HOBBIES | 1. NON-ACADEMIC DISTINCTIONS/RECOGNITION   (Write in full) | 1. MEMBERSHIP IN ASSOCIATION/ORGANIZATION   (Write in full) |
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| 1. 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?    1. Within the third degree? | | | | | | YES | | NO |
| * 1. Within the fourth degree (for Local Government Unit – Career Employees)? | | | | | | YES | | NO |
|  | | | | | | If YES, give details:  «q34b» | | |
| 1. 1. Have you ever been found guilty of any administrative offense? | | | | | | YES | | NO |
|  | | | | | | If YES, give details:   |  | | --- | | «q35a» | | | |
| * 1. Have you been criminally charged before any court? | | | | | | YES | | NO |
|  | | | | | | If YES, give details:  Date Filed: «q35bdatefiled»  Status of Case/s: «q35bstatus» | | |
| 1. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any | | | | | | YES | | NO |
| court or tribunal? | | | | | | If YES, give details:   |  | | --- | | «q36» | | | |
| 1. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped | | | | | | YES | | NO |
| from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? | | | | | | If YES, give details:   |  | | --- | | «q37» | | | |
| * 1. Have you ever been a candidate in a national or local election held within the last year (except | | | | | | YES | | NO |
| Barangay election)? | | | | | | If YES, give details:   |  | | --- | | «q38a» | | | |
| * 1. Have you resigned from the government service during the three (3)-month period before the | | | | | | YES | | NO |
| last election to promote/actively campaign for a national or local candidate? | | | | | | If YES, give details:   |  | | --- | | «q38b» | | | |
| 1. Have you acquired the status of an immigrant or permanent resident of another country? | | | | | | YES | | NO |
|  | | | | | | If YES, give details (country):   |  | | --- | | «q39» | | | |
| 1. 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:    1. Are you a member of any indigenous group? | | | | | | YES | | NO |
|  | | | | | | If YES, please specify:   |  | | --- | | «q40a» | | | |
| * 1. Are you a person with disability? | | | | | | YES | | NO |
|  | | | | | | If YES, give details:   |  | | --- | | «q40b» | | | |
| * 1. Are you a solo parent? | | | | | | YES | | NO |
|  | | | | | | If YES, give details:   |  | | --- | | «q40c» | | | |
| 1. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee) | | | | | | |  | |
| NAME | | ADDRESS | | | TEL. NO. | |
|  | |  | | |  | |
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|  | |  | | |  | |
| 1. 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 | | | | | | |
|  | | | | | | | |  | | --- | |  | | Right thumbmark | | |
|  | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance | |  |  | | |
|  | Government Issued ID: «id\_gov\_issued» | |  | Signature (Sign inside the box) | | |
|  | ID/License/Passport No.: «id\_license\_passport» | |  |  | | |
|  | Date/Place of Issuance: «date\_place\_of\_issuance» | |  | Date Accomplished | | |
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| SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above. | | |
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|  | Person Administering Oath |  |
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