

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		17. TELEPHONE NO.							
	<input type="checkbox"/> Married <input type="checkbox"/> Separated		18. PERMANENT ADDRESS							
	<input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____		ZIP CODE							
8. CITIZENSHIP			19. TELEPHONE NO.							
9. HEIGHT (m)			20. E-MAIL ADDRESS (if any)							
10. WEIGHT (kg)			21. CELLPHONE NO. (if any)							
11. BLOOD TYPE			22. AGENCY EMPLOYEE NO.							
12. GSIS ID NO.			23. TIN							
13. PAG-IBIG ID NO.										
14. PHILHEALTH NO.										
15. SSS NO.										

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.		/ /
<i>(Continue on separate sheet if necessary)</i>		
26. FATHER'S SURNAME		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME		/ /
FIRST NAME		/ /
MIDDLE NAME	<i>(Continue on separate sheet if necessary)</i>	

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)

IV. CIVIL SERVICE ELIGIBILITY

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	GOV'T SERVICE (Yes / No)
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(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)
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(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)

36. Are you related by consanguinity or affinity to any of the following :

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?

YES NO
 If YES, give details:

b. Within the fourth degree (for Local Government Employees):
 appointing authority or recommending authority where you will be appointed?

YES NO
 If YES, give details:

37 a. Have you ever been formally charged?

YES NO
 If YES, give details:

b. Have you ever been guilty of any administrative offense?

YES NO
 If YES, give details:

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

YES NO
 If YES, give details:

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?

YES NO
 If YES, give details:

40. Have you ever been a candidate in a national or local election (except Barangay election)?

YES NO
 If YES, give details:

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:

a. Are you a member of any indigenous group?

YES NO
 If YES, please specify: _____

b. Are you differently abled?

YES NO
 If YES, please specify: _____

c. Are you a solo parent?

YES NO
 If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.

ID picture taken within the last 6 months
 3.5 cm. X 4.5 cm
 (passport size)

Computer generated or xerox copy of picture is not acceptable

PHOTO

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.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="text-align: center;">ISSUED AT</td></tr> <tr><td style="text-align: center;">/ /</td></tr> <tr><td style="text-align: center;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">SIGNATURE (Sign inside the box)</td></tr> <tr><td style="text-align: center;">DATE ACCOMPLISHED</td></tr> </table>	SIGNATURE (Sign inside the box)	DATE ACCOMPLISHED	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center;">RIGHT THUMBMARK</p>
COMMUNITY TAX CERTIFICATE NO.								
ISSUED AT								
/ /								
ISSUED ON (mm/dd/yyyy)								
SIGNATURE (Sign inside the box)								
DATE ACCOMPLISHED								