

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			
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 _____		
8. CITIZENSHIP			
9. HEIGHT (m)			
10. WEIGHT (kg)			
11. BLOOD TYPE			
12. GSIS ID NO.			
13. PAG-IBIG ID NO.			
14. PHILHEALTH NO.			
15. SSS NO.			
	ZIP CODE	17. TELEPHONE NO.	
	ZIP CODE	18. PERMANENT ADDRESS	
		19. TELEPHONE NO.	
		20. E-MAIL ADDRESS (if any)	
		21. CELLPHONE NO. (if any)	
		22. AGENCY EMPLOYEE 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.		/ /
<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	GOVT SERVICE (Yes / No)
	From	To						
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							

(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		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

*(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)

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.

COMMUNITY TAX CERTIFICATE NO.		RIGHT THUMBMARK
ISSUED AT	SIGNATURE (Sign inside the box)	
/ /		
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED	