

PERSONAL DATA SHEET

Print legibly. Mark appropriate with "✓" and use separate sheet if necessary.

1 CS ID No. _____

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 _____										ZIP CODE	
8. CITIZENSHIP												
9. HEIGHT (m)												
10. WEIGHT (kg)											ZIP CODE	
11. BLOOD TYPE											17. TELEPHONE NO.	
12. GSIS ID NO.											18. PERMANENT ADDRESS	
13. PAG-IBIG ID NO.											19. TELEPHONE NO.	
14. PHILHEALTH NO.											20. E-MAIL ADDRESS (if any)	
15. SSS NO.											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)

Affix your signature: _____

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

a. Within the third degree (for National Government Employee):
 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 Employee):
 appointing authority or recommending authority where you will be appointed

YES NO
 If YES, give details

37. a. Have you ever been formally charge?

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, degree, 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, give details

b. Are you differently abled?

YES NO
 If YES, give details

c. Are you a solo parent?

YES NO
 If YES, give details

42. REFERENCES (Persons 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

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.	SIGNATURE (Sign inside the box)
ISSUED AT	
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED

RIGHT THUMBMARK