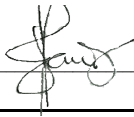


SIGNATURE : 

DATE ACCOMPLISHED: (mm/dd/yyyy) Jan 6, 2020

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS				
31.	SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency		
		Highly Skilled	Average	

(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)

<p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>a. Within the third degree with the 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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If YES, give details:	

(Continue on separate sheet if necessary)

VI. SPECIAL SKILLS

[illegible]

VII. TRAINING PROGRAMS (Start from the most recent training.)

23.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		(mm/dd/yyyy)			
		From	To		
		/ /	/ /		
		/ /	/ /		

<p>24. Are you related by consanguinity or affinity to any of the following :</p> <p>a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
--	---

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

NAME	ADDRESS	TEL. NO.

26. 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.

PLEASE PASTE an
ID picture taken within
the last 6 months
(1"X1" or 2" x 2" or Passport Size)

(REQUIRED)

PHOTO

<div>COMMUNITY TAX CERTIFICATE NO.</div>		
<div>ISSUED AT</div>		
<div>/ /</div>		
	<div>SIGNATURE (Sign inside the box)</div>	

ISSUED ON (mm/dd/yyyy)

DATE ACCOMPLISHED

RIGHT THUMBMARK
(REQUIRED)