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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 34. 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?                                                                                                                               | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____                                                                                                                                                        |             |
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><div style="text-align: right;">Date Filed: _____<br/>Status of Case/s: _____</div>                              |             |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____                                                                                                                                                                                                                               |             |
| 37. 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 or phased out (abolition) in the public or private sector?                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, give details: _____<br><div style="text-align: center;"><u>RESIGNATION. FINISHED CONTRACT</u></div>                                                                                                                                               |             |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?                                                                                                                                                                                         | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____                                                                                                                     |             |
| 39. Have you acquired the status of an immigrant or permanent resident of another country?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details (country): _____                                                                                                                                                                                                                     |             |
| 40. 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:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>c. Are you a solo parent?                                                                                                                                                                                    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____ |             |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |             |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ADDRESS                                                                                                                                                                                                                                                                                                                          | TEL. NO.    |
| JUVY JANE0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UP-VISAYAS, ILOILO CITY                                                                                                                                                                                                                                                                                                          | 033 3377982 |
| PROF. JOSE GO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UP-VISAYAS, ILOILO CITY                                                                                                                                                                                                                                                                                                          | 033 3159494 |
| MAITA G. MAGALONG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PHINMA- MANILA                                                                                                                                                                                                                                                                                                                   | 033 3381071 |
| 42. 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 head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. |                                                                                                                                                                                                                                                                                                                                  |             |

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|--------------------------------------------------------------------------------------------------------------------------------------|
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br><i>PLEASE INDICATE ID Number and Date of Issuance</i> |
| Government Issued ID: <b>GSIS</b>                                                                                                    |
| ID/License/Passport No.: <b>000723457037</b>                                                                                         |
| Date/Place of Issuance: <b>01/22/2020/ROXAS CITY</b>                                                                                 |

|                                 |
|---------------------------------|
|                                 |
| Signature (Sign inside the box) |
| Date Accomplished 01/07/2021    |

PHOTO

  
  

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath