

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										☐ Male ☒ Female																					
7. CIVIL STATUS										☐ Single ☐ Widowed ☒ Married ☐ Separated ☐ Annulled ☐ 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.																															
										17. TELEPHONE NO.																					
										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.																						/ /							
		(Continue on separate sheet if necessary)																				/ /							
26. FATHER'S SURNAME																						/ /							
FIRST NAME																						/ /							
MIDDLE NAME																						/ /							
27. MOTHER'S MAIDEN NAME																						/ /							
SURNAME																						/ /							
FIRST NAME																						/ /							
MIDDLE NAME												(Continue on separate sheet if necessary)																	

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)
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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)
		From	To		
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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? 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: _____ _____ _____ ☐ YES ☐ NO If YES, give details: _____ _____ _____
37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense?	☐ YES ☐ NO If YES, give details: _____ _____ ☐ 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? b. Are you differently abled? c. Are you a solo parent?	☐ YES ☐ NO If YES, please specify: _____ ☐ YES ☐ NO If YES, please specify: _____ ☐ YES ☐ NO If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)		
NAME	ADDRESS	TEL. NO.
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. ISSUED AT / / ISSUED ON (mm/dd/yyyy)		SIGNATURE (Sign inside the box) DATE ACCOMPLISHED
		 PHOTO
		RIGHT THUMBMARK