

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





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