

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) N/A
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 _____		
8.			17. TELEPHONE NO.
9. HEIGHT (m)			18. PERMANENT ADDRESS
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.			/ /
(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)

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: 1998 & 2001 ELECTIONS-CONGRESS / 2004 ELECTIONS-MAYOR-ZAMBO.

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?

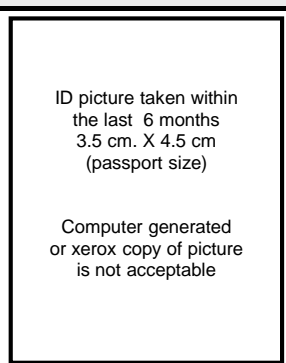
YES NO
 If YES, please specify: _____

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.

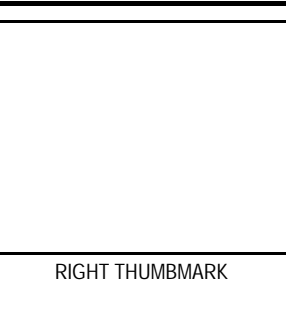


43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

PHOTO

COMMUNITY TAX CERTIFICATE NO.	SIGNATURE (Sign inside the box)
ZAMBOANGA CITY ISSUED AT	
/ /	DATE ACCOMPLISHED
ISSUED ON (mm/dd/yyyy)	



RIGHT THUMBMARK

ADDITIONAL INFORMATION:

Religion : _____
 Business Partner No : _____
 Middle Initial : _____