| CS FORM 212 (Revised 2005)         | CS FORM 212 (Revised 2005) |  |  |                   |  |                   |               |                                 |
|------------------------------------|----------------------------|--|--|-------------------|--|-------------------|---------------|---------------------------------|
| DEDCOMAL DATA CHEET                |                            |  |  |                   |  |                   |               |                                 |
| PERSONAL DATA SHEET                |                            |  |  |                   |  |                   |               |                                 |
|                                    |                            |  |  |                   |  |                   |               |                                 |
| Print legibly. Mark appropriate bo |                            | arate sheet if necessary.                    |  |                   | 1. CS ID No.                                 |                   |               | (to be filled up by CSC)        |
| I. PERSONAL INFORMA                | ATION<br>I                 |  |  |                   |  |                   |               |                                 |
| 2. SURNAME                         | 1 1 1 1 1 1                | <u> </u>                                     | <u> </u>                                     |                   | <u>                                     </u> |                   |               |                                 |
| FIRST NAME                         |                            | <u>                                     </u> | <u>                                     </u> |                   |  | F EVTENCION       | / In Co       |                                 |
| MIDDLE NAME                        | ,                          | <u>                                     </u> | 16. RESIDENTIAL A                            | DDRESS            | 3. NAM                                       | E EXTENSION       | (e.g. Jr., Sr | N/A                             |
| 4. DATE OF BIRTH (mm/dd/yy         | yy)<br>T                   | 11   | TO. RESIDENTIAL A                            | IDDI(E33          |  |                   |               |                                 |
| 5. PLACE OF BIRTH                  | ☐ Male ☐ Fem               | ala  |  |                   |  |                   |               |                                 |
| 6. SEX 7. CIVIL STATUS             |                            | dowed  |  | 7ID CODE          |  |                   |               |                                 |
|                                    | _ 3                        | parated                                      | 17. TELEPHONE NO                             | ZIP CODE          |  |                   |               |                                 |
|                                    |                            | hers, specify                                | 18. PERMANENT A                              |                   |  |                   |               |                                 |
| 8.                                 |                            |  |  |                   |  |                   |               |                                 |
| 9. HEIGHT (m)                      |                            |  |  |                   |  |                   |               |                                 |
| 10. WEIGHT (kg)                    |                            |  |  | ZIP CODE          |  |                   |               |                                 |
| 11. BLOOD TYPE                     |                            |  | 19. TELEPHONE NO                             |                   |  |                   |               |                                 |
| 12. GSIS ID NO.                    |                            |  | 20. E-MAIL ADDRES                            |                   |  |                   |               |                                 |
| 13. PAG-IBIG ID NO.                |                            |  | 21. CELLPHONE NO                             |                   |  |                   |               |                                 |
| 14. PHILHEALTH NO.                 |                            |  |  |                   |  |                   |               |                                 |
| 15. SSS NO.                        |                            |  | 22. AGENCY EMPLO<br>23. TIN                  | UYEE NO.          |  |                   |               |                                 |
| II. FAMILY BACKGROU                | JND                        |  |  |                   |  |                   |               |                                 |
| 24. SPOUSE'S SURNAME               |                            |  |  | 25. NAME OF (     | CHILD (Write full name a                     | nd list all)      | DATE OF       | BIRTH (mm/dd/yyyy)              |
| FIRST NAME                         |                            |  |  |                   |  |                   |               |                                 |
| MIDDLE NAME                        |                            |  |  |                   |  |                   |               |                                 |
| OCCUPATION                         |                            |  |  |                   |  |                   |               | 1 1                             |
| EMPLOYER/BUS. NAME                 |                            |  |  |                   |  |                   |               | 1 1                             |
| BUSINESS ADDRESS                   |                            |  |  |                   |  |                   |               | 1 1                             |
| TELEPHONE NO.                      |                            |  |  |                   |  |                   |               | 1 1                             |
|                                    | (Continue on separate s    | heet if necessary)                           |  |                   |  |                   |               | 1 1                             |
| 26. FATHER'S SURNAME               |                            |  |  |                   |  |                   |               | 1 1                             |
| FIRST NAME                         |                            |  |  |                   |  |                   |               | 1 1                             |
| MIDDLE NAME                        |                            |  |  |                   |  |                   |               | 1 1                             |
| 27. MOTHER'S MAIDEN NAME           |                            |  |  |                   |  |                   |               | 1 1                             |
| SURNAME                            |                            |  |  |                   |  |                   |               | 1 1                             |
| FIRST NAME                         |                            |  |  |                   |  |                   |               | 1 1                             |
| MIDDLE NAME                        |                            |  |  |                   | (Continue                                    | on separate sheet | if necessary) |                                 |
| III. EDUCATIONAL BA                | CKGROUND                   |  |  |                   |  |                   |               |                                 |
| 28.<br>LEVEL                       | NAME OI                    | F SCHOOL                                     | DEGREE COURSE                                | YEAR<br>GRADUATED | HIGHEST GRADE/<br>LEVEL/                     | INCLUSIVE D       |               | SCHOLARSHIP/<br>ACADEMIC HONORS |
| LEVEL                              | (Write                     | e in full)                                   | (Write in full)                              | (if graduated)    | UNITS EARNED (if not graduated)              | From              | То            | RECEIVED                        |
| ELEMENTARY                         |                            |  |  |                   | ( g ,  |                   |               |                                 |
| ELEWENT/IICI                       |                            |  |  |                   |  |                   |               |                                 |
| SECONDARY                          |                            |  |  |                   |  |                   |               |                                 |
| VOCATIONAL /<br>TRADE COURSE       |                            |  |  |                   |  |                   |               |                                 |
| COLLEGE                            |                            |  |  |                   |  |                   |               |                                 |
|                                    |                            |  |  |                   |  |                   |               |                                 |
| GRADUATE STUDIES                   |                            |  |  |                   |  |                   |               |                                 |
|                                    |                            |  |  |                   |  |                   |               |                                 |
|                                    |                            |  |  |                   |  |                   |               |                                 |
|                                    | <u> </u>                   | ((   | L<br>Continue on separate she                | et if necessary)  |  |                   |               |                                 |
|                                    |                            |  |  |                   |  |                   |               | Page 1 of 4                     |

| 29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE |            |                  |                  | DATE OF                     |                          | LICENSE (if applicable)                    |                    |  |                          |                       |
|--|------------|------------------|------------------|-----------------------------|--------------------------|--|--------------------|--|--------------------------|-----------------------|
|  |            |                  | RATING           | EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINATI       | NUMBER                                     | DATE OF<br>RELEASE |  |                          |                       |
|  |            |                  |                  |                             |                          |  |                    |  |                          |                       |
|  |            |                  |                  |                             |                          |  |                    |  |                          |                       |
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|  | _          |                  |                  |                             |                          |  |                    |  |                          |                       |
| V  | WODK E     | VDEDIENCE        | (Include private |                             |                          | e sheet if necessary)<br>our current work) |                    |  |                          |                       |
| V.<br>30.  | INCLU      | JSIVE DATES      | POSITION         |                             |                          | AGENCY / OFFICE / COMPANY                  |                    | SALARY GRADE                           |                          | GOV/T                 |
|  | (m<br>From | m/dd/yyyy)<br>To | (Write in        |                             | DEPARTMENT / F           | (Write in full)                            | MONTHLY<br>SALARY  | & STEP<br>INCREMENT<br>(Format "00-0") | STATUS OF<br>APPOINTMENT | SERVICE<br>(Yes / No) |
|  |            |                  |                  |                             |                          |  |                    |  |                          | Yes                   |
|  |            |                  |                  |                             |                          |  |                    |  |                          | Yes                   |
|  |            |                  |                  |                             |                          |  |                    |  |                          | Yes                   |
|  |            |                  |                  |                             |                          |  |                    |  |                          | Yes                   |
|  |            |                  |                  |                             |                          |  |                    |  |                          |                       |
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|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  | 1 1        | 1 1              |                  |                             |                          |  |                    |  |                          |                       |
|  |            |                  | l                | (Co                         | I<br>ontinue on separate | e sheet if necessary)                      |                    | CS EODM                                | 212 (Pavisad 200         | 5) Dago 2 of 4        |
| <u> </u>   |            |                  |                  |                             |                          |  |                    | OS FURIM                               | 212 (Revised 200         | J), Faye 2 01 4       |

| VI. VU   | LUNTARY WORK OR INVOLVEMENT                                | IN CIVIC / NOI  | N-GOVERINIVIED                             | NI/PEUPLE/N       | OLUNTARY                  | URGANIZATION/3   |
|--|--|-----------------|--|-------------------|---------------------------|--|
| 31. NAME & ADDRESS OF ORGANIZATION (Write in full) |  |                 | VE DATES<br>ld/yyyy)                       | NUMBER OF         | POSITION / NATURE OF WORK |  |
|  | (write in full)  |                 | From                                       | To                | HOURS                     | TOOMONTHWITOKE OF WORK                                     |
|  |  |                 |  |                   |                           |  |
|  |  |                 | 1 1  | 1 1               |                           |  |
|  |  |                 | 1 1  | 1 1               |                           |  |
|  |  |                 | 1 1  | 1 1               |                           |  |
|  |  |                 | 1 1  | 1 1               |                           |  |
|  |  |                 | on separate sheet i                        | f necessary)      |                           |  |
| VII. TI  | RAINING PROGRAMS (Start from the r                         | most recent tra |  |                   |                           |  |
| 32.  | TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SH<br>(Write in full) | IORT COURSES    | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) |                   | NUMBER OF<br>HOURS        | CONDUCTED/ SPONSORED BY<br>(Write in full)                 |
|  |  |                 | From                                       | То                |                           |  |
|  |  |                 |  |                   |                           |  |
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|  |  |                 |  |                   |                           |  |
| \/III  | ATHER INCORMATION  | (Continue       | e on separate sheet i                      | f necessary)      |                           |  |
| 33.  | OTHER INFORMATION  SPECIAL SKILLS / HOBBIES:               | 34. No          |  | INCTIONS / RECOGN | NITION:                   | MEMBERSHIP IN 35. ASSOCIATION/ORGANIZATION (Write in full) |
|  |  |                 |  |                   |                           | (wite iii idi)   |
|  |  |                 |  |                   |                           |  |
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|  |  |                 |  |                   |                           |  |
|  |  | (Continue       | on separate sheet i                        | f necessary)      |                           | CC FORM 242 (Parted 2005) P                                |
|  |  |                 |  |                   |                           | CS FORM 212 (Revised 2005), Page 3 of 4                    |

| <sup>36.</sup> Are you related by consanguinity or affinity to any of the   | following :  |   |   |  |  |
|---|--|---|---|--|--|
| a. Within the third degree (for National Government Emplo<br>appointing authority, recommending authority, chief of o<br>has immediate supervision over you in the Office, Burea<br>appointed?                              | ☐ YES ☐ NO If YES, give details:   |   |   |  |  |
| b. Within the fourth degree (for Local Government Employ appointing authority or recommending authority where y   |  | ☐ YES ☐ NO If YES, give details:                                    |   |  |  |
| 37 a. Have you ever been formally charged?  |  | ☐YES ☐NO  |   |  |  |
| b. Have you ever been guilty of any administrative offen  | If YES, give details:  TYES NO If YES, give details:                                     |   |   |  |  |
|   |  |   |   |  |  |
| 38. Have you ever been convicted of any crime or violation regulation by any court or tribunal?   | of any law, decree, ordinance or   | ☐ YES ☐ NO If YES, give details:                                    |   |  |  |
| 39. Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination 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 el  | TYES NO  |   |   |  |  |
|   | If YES, give details: 1998 & 2001<br>ELECTIONS-CONGRESS / 2004<br>ELECTIONS-MAYOR-ZAMBO. |   |   |  |  |
| 41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89  |  |   |   |  |  |
| 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:   |   |   |  |  |
| <sup>c.</sup> Are you a solo parent?  |  | ☐ YES ☐ NO  If YES, please specify:                                 |   |  |  |
| 42. REFERENCES (Person not related by consanguinity or affinity to app  | ., ,   | · ,   |   |  |  |
| NAME  | ADDRESS  | TEL. NO.  |   |  |  |
|   | ABBILLOS   |   |   |  |  |
|   |  |   | ID picture taken within the last 6 months |  |  |
|   |  |   | 3.5 cm. X 4.5 cm<br>(passport size)       |  |  |
| <ul> <li>43. I declare under oath that this Personal Data Sheet has been complete statement pursuant to the provisions of pertine Philippines.</li> <li>I also authorize the agency head / authorized represent.</li> </ul> | blic of the  | Computer generated<br>or xerox copy of picture<br>is not acceptable |   |  |  |
| that this information shall remain confidential.  |  |   | РНОТО                                     |  |  |
| COMMUNITY TAX CERTIFICATE NO.   |  |   |   |  |  |
| ZAMBOANGA CITY  |  |   |   |  |  |
| ISSUED AT   | x)   |   |   |  |  |
| 1 1   |  |   |   |  |  |
| ISSUED ON (mm/dd/yyyy)  |  | RIGHT THUMBMARK   |   |  |  |
|   |  | CS F  | ORM 212 (Revised 2005), Page 4 of         |  |  |
|   |  | 301   | ,   |  |  |
|   |  |   |   |  |  |

## **ADDITIONAL INFORMATION:**

| Religion            | : |  |
|---------------------|---|--|
| Business Partner No | : |  |
| Middle Initial      |   |  |