CS FORM 212 (Revised 2005)

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 BIRTH			
6. SEX	☐ Male ☐ Female		
7. CIVIL STATUS	☐ Single ☐ Widowed ☐ Married ☐ Separated ☐ Annulled ☐ Others, specify____	ZIP CODE	
		17.TELEPHONE NO	
		18. PERMANENT ADDRESS	
		ZIP CODE	
8. CITIZENSHIP			
9. HEIGHT (m)			
10. WEIGHT (kg.)		19.TELEPHONE NO	
11. BLOOD TYPE		20.EMAIL ADDRESS	
12. GSIS ID NO.		21.CELLPHONE NO	
13. PAG-IBIG ID NO.		22. AGENCY EMPLOYEE NO.	
14.PHILHEALTH 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/yy)
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 From	To	SCHOLARSHIP / ACADEMIC HONORS RECEIVED
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)

30. INCLUSIVE DATES (mm/dd/yy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T. SERVICE (Yes/No)
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(Continue on separate sheet, if necessary)

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	GOV'T. SERVICE (Yes/No)
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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
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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)
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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)

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)
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36. Are your 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 regulations 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 (RA8371); (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, give specify:
b. Are you differently abled?	☐ Yes ☐ No If YES, give specify:
c. Are you a solo parent?	☐ Yes ☐ No If YES, give specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TELEPHONE 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.

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

Community Tax Certificate No.		
Issued at	Signature (Sign inside the box)	
/ / Issued on (mm/dd/yyyy)	Date Accomplished	Right Thumbmark