CS Form No. 212 Revised 2017	PE	ERSOI	NAL DAT	A SH	IEE	Г			
WARNING: Any misrepresentat	ion made in the Personal Da	ata Sheet and the	Work Experience Sheet sh	all cause the t	filing of adn	ninistrative/	criminal case/s a	gainst the pe	rson
concerned. READ THE ATTACHED GUIDE 1	TO FILLING OUT THE PERS	ONAL DATA SHE	EET (PDS) BEFORE ACCOM	IPLISHING TH	E PDS FOR	И.			
Print legibly. Tick appropriate boxes (	( ) and use separate sheet if n					1. CS ID No.		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATION	N								
2. SURNAME							hans systematical (in	00)	
FIRST NAME							NAME EXTENSION (JR	., SR)	
MIDDLE NAME									
<ol><li>DATE OF BIRTH (mm/dd/yyyy)</li></ol>			16. CITIZENSHIP		Filipi	no	Dual Citizenship		
(							by birth	by naturali	zation
4. PLACE OF BIRTH			If holder of dual citizenship,		Pls. indicate country:				
5. SEX	Male	Female	please indicate the de	etails.					•
6 CIVIL STATUS	Single	Married	17. RESIDENTIAL ADDRESS						
	Widowed	Separated		Hou	se/Block/Lot N	0.		Street	
	Other/s:			Sui	bdivision/Village	)		Barangay	
7. HEIGHT (m)				C	ity/Municipality			Province	
8. WEIGHT (kg)			ZIP CODE						
9. BLOOD TYPE			18. PERMANENT ADDRESS	Hou	se/Block/Lot N	າ		Street	
10. GSIS ID NO.			1						
11. PAG-IBIG ID NO.			1	Sui	bdivision/Village	<del>)</del>		Barangay	
12. PHILHEALTH NO.			ZIP CODE	C	ity/Municipality			Province	
13. SSS NO.			19. TELEPHONE NO.						
14. TIN NO.			20. MOBILE NO.						
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)						
II. FAMILY BACKGROUND		_			_	_	_	_	_
22. SPOUSE'S SURNAME	Π			23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME			NAME EXTENSION (JR., SR)		,		,		
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME			NAME EXTENSION (JR., SR)						
FIRST NAME									
MIDDLE NAME									
25. MOTHER'S MAIDEN NAME									
SURNAME									
FIRST NAME									
MIDDLE NAME  III. EDUCATIONAL BACKGE	ROUND				(Co	ontinue on sej	parate sheet if neces	sary)	_
III. EDUCATIONAL BACKGR	ROUND								SCHOLARSHIP/
26. LEVEL	NAME OF SCHO (Write in full)		BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY									
SECONDARY									
VOCATIONAL / TRADE COURSE									

COLLEGE

GRADUATE STUDIES

SIGNATURE

DATE

IV. CIVIL	SERVICE ELIG	BILITY							
27. CAR	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
									Tamany
			(Con	tinue on separate sheet	if necessary)				
	EXPERIENCE		( I) D		- 11111111111111				
	vate employme LUSIVE DATES	nt. Start from your recen	t Work) Description	n or auties snoula b	e indicated in the attache	ea vvork Exp	SALARY/ JOB/ PAY		
20. 110	mm/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	( 1 1 1 1	,	,			(Format "00-0")/ INCREMENT		(Y/ N)
	+								
			(Con	tinue on separate sheet	if necessary)				
SIGN	IATURE				DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)	RGANIZATION	INCLUSIV (mm/d	/E DATES d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s ROGRAMS A					
(Start from the most recent L&D/training program and include		the last five (5) ye	ars for Division Cl	nief/Executive/Man	nagerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
VIII. OTHER INFORMATION	(Con	tinue on separate s	neet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	ICTIONS / RECOGI	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
		4	. h 4 if				
SIGNATURE	(Con	tinue on separate s	meet IT necessary)		ATE		

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,						
a. within the third degree?	YES	NO				
b. within the fourth degree (for Local Government Unit - Car	YES If YES, give details:	NO				
35. a. Have you ever been found guilty of any administrative off	ense?	YES If YES, give details:	NO			
b. Have you been criminally charged before any court?		YES If YES, give details: Date Filed: Status of Case/s:	NO			
36. Have you ever been convicted of any crime or violation of an by any court or tribunal?	YES If YES, give details:	NO				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES If YES, give details:					
38. a. Have you ever been a candidate in a national or local ele- Barangay election)?	YES If YES, give details:	NO				
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	YES NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),  a. Are you a member of any indigenous group?	, please answer the following items:	YES NO If YES, please specify:				
Are you a member of any indigenous group:						
b. Are you a person with disability?		YES If YES, please specify II	NO D No:			
c. Are you a solo parent?	YES NO If YES, please specify ID No:					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)					
NAME	ADDRESS	TEL. NO.	ID minture to have with in			
			ID picture taken within the last 6 months 3.5 cm, X 4.5 cm			
			(passport size)			
			With full and handwritten name tag and signature over			
			printed name  Computer generated			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine			or photocopied picture is not acceptable			
Philippines. I authorize the agency head/authorized representation made in this doctard administrative/criminal case/s against me.	esentative to verify/validate the contents	s stated herein.	РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID:						
ID/License/Passport No.:	ox)					
Date/Place of Issuance:	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued go	overnment ID as indicated above.			
		J				
	Person Administering Oat	h	CS FORM 212 (Revised 2017), Page 4 of 4			