



METROPOLITAN NAGA WATER DISTRICT
FORMS
PDS FORM

Document Code: **ASDF17**
 Revision No.: **0**
 Effectivity Date: **March 2017**
 Page No.: **Page 1 of 4**

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

Page 1 of 4



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	Revision No.:	0
	Effectivity Date:	March 2017
	Page No.:	Page 4 of 4

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? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____												
37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____												
40. Have you ever been a candidate in a national or local election (except Barangay election)?	<input type="checkbox"/> YES <input type="checkbox"/> 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? b. Are you differently abled? c. Are you a solo parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____												
42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.										<div style="border: 1px solid black; padding: 5px; text-align: center;"> ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> Computer generated or xerox copy of picture is not acceptable </div> <div style="text-align: center; margin-top: 10px;"> PHOTO </div>
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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">COMMUNITY TAX CERTIFICATE NO.</td> <td style="width: 70%;"> </td> </tr> <tr> <td>ISSUED AT</td> <td>SIGNATURE (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">/ /</td> <td> </td> </tr> <tr> <td>ISSUED ON (mm/dd/yyyy)</td> <td>DATE ACCOMPLISHED</td> </tr> </table>	COMMUNITY TAX CERTIFICATE NO.		ISSUED AT	SIGNATURE (Sign inside the box)	/ /		ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <div style="text-align: center; font-size: small;">RIGHT THUMBMARK</div>				
COMMUNITY TAX CERTIFICATE NO.													
ISSUED AT	SIGNATURE (Sign inside the box)												
/ /													
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED												