PERSONAL DATA SHEET

WARNING: Any mininterpretation	on made in the Personal Date Chart and the I	West Francisco Short state							
concerned.	on made in the Personal Data Sheet and the V				nistrative/cr	iminal case/s aga	inst the pers	ion	
	TO FILLING OUT THE PERSONAL DATA SHEE () and use separate sheet if necessary. Indicate N/				1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	N								
2 SURNAME	MONTAJES								
FIRST NAME	FERNANDO				NAME EXTENSION (JR.,	SR)			
MIDDLE NAME	NUNEZ								
DATE OF BIRTH (mm/dd/yyyy)	May 30, 1957	16. CITIZENSHIP		Filipin	no 🗆	Dual Citizenship	by naturaliz	ration	
4. PLACE OF BIRTH	Gags Baybay, Lette	If holder of dual citizen				Pls. indicate country:			
5 SEX	Male Female	please indicate the de	tails.						
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s: ☐ Other/s:	17. RESIDENTIAL ADDRESS		House/Black/Lat No.			Street		
7. HEIGHT (m)	1-63 m	Subdivision/Village City/Municipality			В	Barangay			
8. WEIGHT (kg)	go kg	ZIP CODE	City/Municipality				Province		
9. BLOOD TYPE	Δ	18. PERMANENT ADDRESS	Lieu-Ci-Lia						
10. GSIS ID NO.	CM3881076			use/Block/Lot N			Street		
11. PAG-IBIG ID NO.	080108491504			Subdivision/Village			Barangay		
12. PHILHEALTH NO.	13-0000 15733-4	ZIP CODE	(City/Municipality			Province		
13. SSS NO.	None/	19. TELEPHONE NO.		Xum	0 /				
14. TIN NO.	116-615-816	20 MOBILE NO.		xune					
15. AGENCY EMPLOYEE NO.	21: E-MAIL ADDRESS (if any)			140N					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	Mantajes		23 NAME of Ch	HILDREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	Montajes Posita	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Sarzona								
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.	11								
24. FATHER'S SURNAME	Martajes								
FIRST NAME	Policionio desensed	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Avagen								
25 MOTHER'S MAIDEN NAME									
SURNAME	Monfajee Entiquea Cheelase								
FIRST NAME	Entiquea (decensed)								
MIDDLE NAME III. EDUCATIONAL BACKG	Munez			(C	ontinue on se _l	parate sheet if necess	sary)		
47.24			The second products	1	No. of the Local Street, when the			SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	Com Valent	Ammary		1			4		
SECONDARY	Grove Com. Solool	Coord	,	1964	1976		1970	Mare	
VOCATIONAL /	Bryboy High Schor	selonany		1970	1974		1974	Nine	
TRADE COURSE	None								
COLLEGE	and year	72 U	nots	1975	1978				
GRADUATE STUDIES		antinua an casasta da di							
SIGNATURE	FMonty"	ontinue on separate sheet if nece	osary)	DA	NTE .	4/2	5//	7 d 2017), Page 1 of 4	

IV. CIVIL SE	RVICE ELIG	IBILITY							
27. CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
BAF		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFER	RMENT	NUMBER	, Date of Validity
* 1) v discusty
/4	one	,							
			(Co	ntinue on separate sheet if	necessary)				
	XPERIENCE								
		nt. Start from your recer	t work) Description	of duties should be in	dicated in the attached	d Work Exper			
	SIVE DATES m/dd/yyyy)	POSITION	TITLE	DEPARTMENT / AGEN	CY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
From	To	(Write in full/Do no	t abbreviate)	(Write in full/D	o not abbreviate)	SALARY	applicable)& STEP (Format *60-0*)/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
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			(Co	ntinue on separate sheet if i	necessary)				
SIGNA	TURE	FMI	Le		DATE	1	/20/	12	
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VI. VOLL	INTARY WORK OR INVOLVEMENT I	N CIVIC / GOVERNMENT / I	PEOPLE / VOL	UNTARY O	RGANIZATION/S		
29.	NAME & ADDRESS OF C			/E DATES (d/yyyy)	NUMBER OF HOURS	SHECK IN S	POSITION / NATURE OF WORK
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VIII LEA	SOUNC AND DEVELOPMENT // 201	(Con	tinue on separate	sheet if necessa	(y)		
	RNING AND DEVELOPMENT (L&D) the most recent L&D/training program and inclu-					gerial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INT	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVE	E DATES OF IDANCE Idvyyyy)	NUMBER OF H	Type of LD (Managenal/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
			From	То		Technical/etc)	(Wille of Ida)
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VIII. OT	HER INFORMATION		- Topolate				
31.	SPECIAL SKILLS and HÖBBIES	32. NO	N-ACADEMIC DISTI (Wri	NCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
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	SIGNATURE	1 Thinks	7 7 7 7 F F	ode veu	H . D	ATE	1 4/20/17

	nief of bureau or office or to the person who has immedial	te supervision over you in the Office.	and the section of the section	
	ureau or Department where you will be apppointed,			11
a.	within the third degree?		YES	⊘ NO
b.	within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES	≥ NO
			If YES, give det	
. a.	Have you ever been found guilty of any administrative of	fense?	YES	₽NO
			If YES, give det	alls:
b.	Have you been criminally charged before any court?		YES	NO
			If YES, give det	ails:
			Date Filed	d:
			Status of Case/s	8:
H	ave you ever been convicted of any crime or violation of a	any law, decree, ordinance or regulation by		
	ny court or tribunal?		YES If YES, give det	☑ NO
			il 1ES, give det	alls.
	The second secon	PART OF THE PROPERTY OF THE PARTY OF THE PAR	rike ay <u>lana ayla</u>	A STATE OF THE STA
	ave you ever been separated from the service in ar		YES	NO
	tirement, dropped from the rolls, dismissal, termination, enbolition) in the public or private sector?	end of term, finished contract or phased out	If YES, give det	ails:
	Have you ever been a candidate in a national or local el arangay election)?	ection held within the last year (except	☐ YES	NO
De	arangay election):		If YES, give de	etails:
b.	Have you resigned from the government service during	the three (3)-month period before the last	YES	NO
ele	ection to promote/actively campaign for a national or local	al candidate?	If YES, give de	
H	ave you acquired the status of an immigrant or permaner	nt resident of another country?		
			YES	☑ NO
			If YES, give det	alls (country):
Pi				
70	ursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 277); and (c) Solo Parents Welfare Act of 2000 (RA 8972	agna Carta for Disabled Persons (RA		
	re you a member of any indigenous group?), please answer the following items:		
Ai	re you a member of any indigenous group?		YES YES	NO
Ar	re you a person with disability?		If YES, please spe	
	to you a person with disability !		YES If YES, please spe	off ID No.
A	re you a solo parent?			
			YES If YES, please spe	cify ID No:
DE	EFEDENCES (Barrer and all the later)			
. RE	EFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)		
	NAME	ADDRESS	TEL, NO.	
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