

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____													
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____													
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____													
36. 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: _____													
37. 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 or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____													
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____													
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____													
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details (country): _____													
40. 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 a person with disability? 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 ID No: _____													
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____													
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____													
41. 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:33%;">NAME</th> <th style="width:33%;">ADDRESS</th> <th style="width:33%;">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; margin-bottom: 10px;"> 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; margin-bottom: 10px;"> With full and handwritten name tag and signature over printed name </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Computer generated or photocopied picture is not acceptable </div> <div style="text-align: center; margin-bottom: 10px;">PHOTO</div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 10px;"> </div> <div style="text-align: center; margin-bottom: 10px;">Right Thumbmark</div>	
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42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance </td> <td rowspan="4" style="width:30%; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;">Date Accomplished</div> </td> <td rowspan="4" style="width:30%; vertical-align: middle;"> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;">Right Thumbmark</div> </td> </tr> <tr> <td style="padding: 2px;">Government Issued ID:</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.:</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;">Date Accomplished</div>	<div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; width: 100%; height: 100%; margin-bottom: 5px;">Right Thumbmark</div>	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.							
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