

37 a. Have you ever been formally charged?	DYES <input type="checkbox"/> NO If YES, give details _____
b. Have you ever been guilty of any administrative offense?	DYES <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?	DYES <input type="checkbox"/> NO If YES, give details _____
39. Have you ever been separated from the service in any 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?	DYES <input type="checkbox"/> NO If YES, give details _____
40. Have you ever been a candidate in a national or local election (except Barangay election)?	DYES <input type="checkbox"/> NO If YES, give details _____
41. Pursuant to: (a) Indigenouse People's Act (RA 83710; (b) Magna Carta for Disabled Persons (RA 7277); and Solo Parents Welfare Act 2000 (RA 8972), please answer the following items:	
a. Are you a member of any indigenous group?	DYES <input type="checkbox"/> NO If YES, give please specify: _____
b. Are differently abled?	DYES <input type="checkbox"/> NO If YES, give please specify: _____
c. Are you a solo parent?	DYES <input type="checkbox"/> NO If YES, give please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
NAME	ADDRESS	TEL NO.

43. EMPLOYMENT RECORD (latest)			
COMPANY NAME	POSITION	FROM	TO

44. 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="padding: 2px;">COMMUNITY TAX CERTIFICATE NO.</td></tr> <tr><td style="padding: 2px;">ISSUED AT</td></tr> <tr><td style="padding: 2px;">/ /</td></tr> <tr><td style="padding: 2px;">ISSUED ON (mm/dd/yyyy)</td></tr> </table>	COMMUNITY TAX CERTIFICATE NO.	ISSUED AT	/ /	ISSUED ON (mm/dd/yyyy)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p style="text-align: center; margin: 0;">RIGHT THUMBMARK</p>
COMMUNITY TAX CERTIFICATE NO.					
ISSUED AT					
/ /					
ISSUED ON (mm/dd/yyyy)					

IN CASE OF EMERGENCY:

Please Contact: AQUINO, GRACE JOY L.

Contact Number: 09153346545

Relation: MOTHER

 SIGNATURE (Sign in the box)
<u>07/12/2020</u> DATE ACCOMPLISHED