



# REQUIREMENTS FOR APPLICANTS



# REQUIREMENTS FOR APPOINTMENT

**ORIGINAL APPOINTMENTS /  
SWAPPING OR TRANSFEREE (Other Division)**  
**BLUE FOLDER – Senior High School**  
**YELLOW FOLDER – Junior High School**  
**GREEN FOLDER - Elementary**

- 2 copies - Form 212 (**revised 2017**) notarized with Passport size ID photo w/ nametag **ALL ORIGINAL AND UPDATED** (may be handwritten or computerized)
- 2 copies- PRC ID & Report of Rating (authenticated by PRC)  
if ID is for renewal; submit a certification from PRC that ID is still on process, claim stub, and photocopy of old ID (**ALL ORIGINAL**) **Stamps (all original)**
- 2 copies - CAV (1 original, 1 photocopy) \* NC & TMC Certificates (**For TVL Track**)

# REQUIREMENTS FOR APPOINTMENT

2 copies - TOR & Diploma (authenticated by School Graduated)

2 copies - NSO/PSA Birth Certificate (1 original, 1 photocopy)

2 copies - Marriage Contract (female only) (1 original, 1 photocopy)

2 copies- Statement of Assets, Liabilities and Networth (SALN)

2 copies- BIR Form (1902 or 1905), TIN Verification Slip or any proof of having TIN

2 copies- NBI Clearance (1 original, 1 photocopy)

1 copy - Clearance or Certificate of Employment from Previous Employer 2 copies - Urinalysis, Drug

Test, (CBC) Complete Blood Count and X-ray

(1 original, 1 photocopy)

1 copy - Neuropsychological exam and Neuropsychiatric exam to be taken

only at **SPMC-IPBM, Claveria, Davao City** (kindly secure the Referral letter at Personnel Section)

2 copies - Medical Certificate (Form 211) signed by Division Medical

Officer (1 original, 1 photocopy)

1 copy - Omnibus Sworn Statement (notarized)

**NOTE: All requirements must be placed in one folder** (1 set on the left side and another set on the right) **and must be arranged according to the list above. Please use Paper Fastener on the upper portion of the paper.**

# GUIDE TO FILLING UP OF PDS

**Warning:**

*Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.*

*Please fill out each of the fields in the PDS when applicable.*

**Note:**

- The PDS may be accomplished using the MS Word format or MS Excel format.
- In the MS Excel format, all the tick boxes will automatically be marked once clicked.
- The PDS must bear the signature of the employee and date of accomplishment at the bottom of every page.
- Entries in the PDS may be filled out through handwriting or via typewriter/computer. If handwritten, entries should be in block capital (e.g. PRINT) format using a pen.
- All information should be provided accurately.
- Do not leave blank entries. Put N/A if not applicable.
- For purposes of application to a vacant position, the additional sheet for work experience should be accomplished.

## I. Personal Information

- Employee's name is to be filled out in the following format: surname, first name, name extension (if any), middle name. A space is allotted for each character or letter in the name.
- Dates are in numeric format: mm/dd/yyyy
- Specifics should be given to "Others" response in the civil status field.
- Agency employee number refers to employee ID number in the current agency.
- For holders of foreign/dual citizenship, please select from the dropdown list the foreign country where you were born/naturalized or type/write the same in the space provided therein.

I. PERSONAL INFORMATION			
2. SURNAME			
FIRST NAME			NAME EXTENSION (JR., SR)
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)		ZIP CODE	<i>House/Block/Lot No.</i> <i>Street</i>
8. WEIGHT (kg)			<i>Subdivision/Village</i> <i>Barangay</i>
9. BLOOD TYPE			<i>City/Municipality</i> <i>Province</i>
10. GSIS ID NO.		18. PERMANENT ADDRESS	
11. PAG-IBIG ID NO.		ZIP CODE	<i>House/Block/Lot No.</i> <i>Street</i>
12. PHILHEALTH NO.			<i>Subdivision/Village</i> <i>Barangay</i>
13. SSS NO.			<i>City/Municipality</i> <i>Province</i>
14. TIN NO.		19. TELEPHONE NO.	
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	
		21. E-MAIL ADDRESS (if any)	

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## II. Family Background

- Names of spouse and parents are to be filled out the following format: surname, first name, name extension (if any), middle name.
  - Mother's name is her maiden name, or name when she was single or before marriage.
  - List full names (first name and surname) of ALL your children.
  - Date of birth is in numeric format: mm/dd/yyyy
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**II. FAMILY BACKGROUND**

22 SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME				
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25 MOTHER'S MAIDEN NAME				
SURNAME				
FIRST NAME				
MIDDLE NAME				

*(Continue on separate sheet if necessary)*



### **III. Educational Background**

- Indicate FULL name of schools. DO NOT ABBREVIATE.
- For Elementary Level, indicate PRIMARY EDUCATION if graduated
- For Secondary Level, indicate HIGH SCHOOL if graduated under the old curriculum; or JUNIOR HIGH SCHOOL or SENIOR HIGH SCHOOL if graduated under the K-12 curriculum.
- Indicate in FULL all courses taken in college (e.g. ASSOCIATE IN ARTS, AB ECONOMICS, BS PSYCHOLOGY, MA IN HISTORY).
- Indicate all masters or doctorate degrees taken.
- If graduated for every level, indicate year of graduation.
- If not graduated in any level, indicate the highest grade, level or units earned.
- Period of attendance are stated in school years (e.g. 1992-1996)
- Indicate any scholarship and/or academic honors received in each level.

### III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATE D	SCHOLARSHIP / ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

*(Continue on separate sheet if necessary)*

SIGNATURE		DATE	
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#### IV. Civil Service Eligibility

- Indicate all civil service eligibilities earned with corresponding rating, date and place of examination/conferment.

Example:

Career Service Sub-Professional	EO132/790 – Veteran Preference Rating
Career Service Professional	PD 907 – <u>Honor Graduate</u>
Career Service Executive	RA 7883 – Barangay Health Worker
Stenographer	Barangay Official
PD 997 – Scientific and Technological Specialist	

- If earned eligibility entails a license (RA 1080), indicate the license number and its date of validity.

**IV. CIVIL SERVICE ELIGIBILITY**

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity

*(Continue on separate sheet if necessary)*

## V. Work Experience

- Indicate all positions held both in the public and private employment starting from current work.
  - Inclusive dates are indicated in numeric format: mm/dd/yyyy.
  - Indicate FULL position titles and COMPLETE NAME of department/agency/office/company. DO NOT ABBREVIATE.
  - Indicate monthly salary in figures (e.g. P21,877).
  - Salary grade and salary step, if applicable, should be stated in the format "00-0" (e.g. **24-2**, 24 for salary grade, 2 for salary step)
  - Indicate status of employment (e.g. permanent, temporary, casual, contractual)
  - Indicate "yes" under government service if position held is in the public or government employment or "no" if held in the private employment.
  - Additional sheet for work experience should be accomplished and submitted together with the PDS in case of application to a vacant position. This should be accomplished only for work experience relevant to the position being applied to.
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### V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
<i>(Continue on separate sheet if necessary)</i>								
<b>SIGNATURE</b>						<b>DATE</b>		

**VI. Voluntary Work or Involvement in Civic/Non-Government/People/ Voluntary Organizations]**

- Indicate the FULL name and address of the organization where involved as voluntary worker.
- Inclusive dates, start (from) and end (to) should be in numeric format: mm/dd/yyyy.
- Indicate the number of hours of voluntary work rendered.
- Indicate the position/nature of voluntary work rendered.

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		

*(Continue on separate sheet if necessary)*



## VII. Learning and Development Interventions

- Indicate FULL titles of learning and development (L&D) interventions attended during employment. Indicate list from the most recent L&D.
- Inclusive dates of attendance, start (from) and end (to) should be in numeric format: mm/dd/yyyy.
- Indicate the number of hours attended for program.
- Indicate the type of L&D intervention (e.g. managerial, supervisory, technical).
- Indicate the FULL name of institution/agency that conducted or sponsored the program. DO NOT ABBREVIATE. (e.g. CSC should be Civil Service Commission).

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
<i>(Start from the most recent L&amp;D/training program and include only the relevant L&amp;D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)</i>						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS <i>(Write in full)</i>	INCLUSIVE DATES OF ATTENDANCE <i>(mm/dd/yyyy)</i>		NUMBER OF HOURS	Type of LD <i>( Managerial/ Supervisory/ Technical/etc)</i>	CONDUCTED/ SPONSORED BY <i>(Write in full)</i>
		From	To			

*(Continue on separate sheet if necessary)*





## # 34-40

- Indicate response to questions 34 to 40 on the right side of the sheet.
- Provide details or specifications for any yes response.

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Cases: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>40. Pursuant to: (a) Indigenous Peoples Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 9972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

## # 41

- Indicate the FULL name of references with the format FIRST NAME, MI, SURNAME, their addresses and respective telephone numbers.

41. REFERENCES <i>(Person not related by consanguinity or affinity to applicant /appointee)</i>		
NAME	ADDRESS	TEL. NO.

# 42

- As agreement to and for completion of the PDS, the employee's signature and right thumb mark should be affixed in the boxes provided. Indicate also the government ID number and date of issuance in the boxes provided. Lastly, attach a RECENT PASSPORT SIZE (4.5 cm. x 3.5 cm.) picture with COMPLETE AND HANDWRITTEN NAME TAG and SIGNATURE OVER PRINTED NAME. Picture must be taken within the last six (6) months. Computer generated or photocopied picture is not acceptable.

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRIC, Driver's License, etc.)	PLEASE INDICATE ID Number
Government Issued ID:	
ID/License/Passport No.	
Date/Place of Issuance:	

Signature (Sign inside the box)
Date Accomplished

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 or photocopied picture is not acceptable

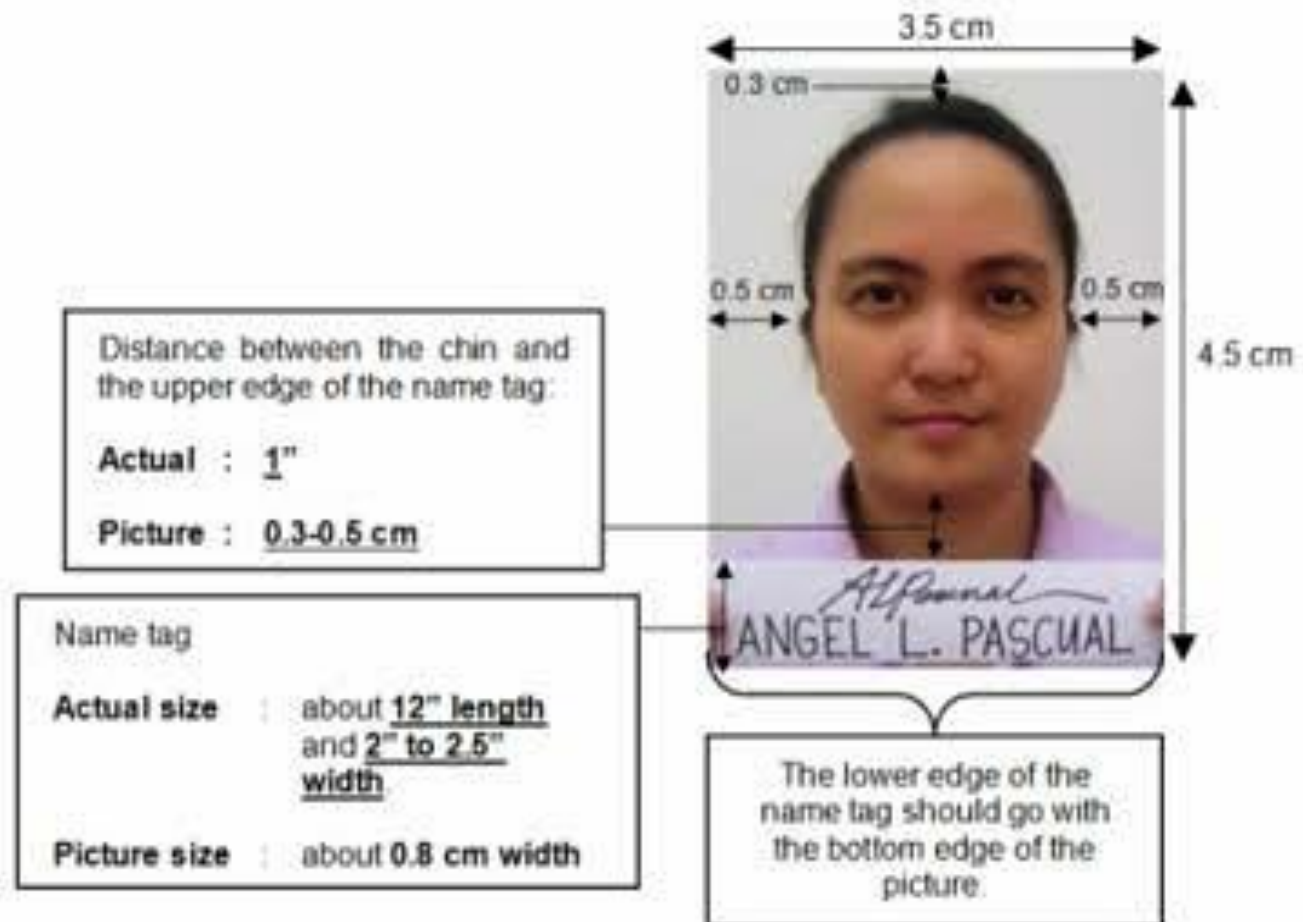
PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

# FILLING UP OF FORM 212 (PDS 2017)



# SAMPLE AUTHENTICATED PRC ID AND BOARD CERT.



## REMINDERS:

1. Use your current surname esp. if **married**. Just attach **marriage certificate**.
2. In using paper fasteners, place it on the **upper portion** of the document.
3. Submit your completed folders of requirements
4. Results of Neuropsychiatric and neuropsychological exam may be delayed, It is advised to only include your schedule or receipt of the NEURO-EXAM.
5. Once the Neuropsychiatric and neuropsychological exam results are already completed, Submit it right away to the Office of Administrative Officer V.-Ms. Rosalinda Dionio. **Do not open** the sealed result of the exam otherwise it will be considered tampered.
6. Do not use plastic folders with slider.
7. There are respective colors of folders for every group of applicants; for Elementary use **Green folder**, for Junior High School use **Yellow folder**.
8. Medical Certificate will only be signed by Dr. Earl Canastillo if all NEURO-EXAM results are submitted to Ms. Dionio. Please ask referral forms at Personnel Section to be accommodated at SPMC-IPBM, Claveria, Davao City.