



Department of Transportation and Communications
PAMBANSANG PUNONG HIMPILAN TANOD BAYBAYIN NG PILIPINAS
 (National Headquarters Philippine Coast Guard)
Office of the Deputy Chief of Coast Guard Staff for Education and Training, CG-12
 139 25th Street, Port Area
 1018 Manila

PERSONAL INFORMATION SHEET

(FOR TAIWAN CADETSHIP PROGRAM FOR PCG APPLICANTS ONLY)

(Write all entries in ALL CAPS legibly and accurately. Use BLUE BALLPEN only. Tick appropriate boxes and indicate N/A if not applicable. DO NOT ABBREVIATE)

| PERSONAL DATA | | | | | | | | | | | | | |
|--|-------------------|---|------------|-------------|--|-----------|-----------------|-------------------|--|--|--|--|--|
| LAST NAME | | | | | | | | | | | | | |
| FIRST NAME | | | | | | NAME EXT. | | Jr., III, IV, etc | | | | | |
| MIDDLE NAME | | | | | | | | | | | | | |
| GENDER | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | CURRENT AGE | | RELIGION | | | | | | | |
| MARITAL STATUS | | | | CITIZENSHIP | | | | | | | | | |
| BIRTH DATE | | day-month-year | | | HEIGHT (in feet) | | WEIGHT (in kgs) | | | | | | |
| BIRTH PLACE | | | | | | | | | | | | | |
| HOME ADDRESS | | House/Block/Lot No | | | Street | | | PRESENT ADDRESS | | | | | |
| | | Subdivision/Village/Sitio | | | Barangay | | | | | | | | |
| | | City/Municipality | | | Province | | | | | | | | |
| | | Region | | | Zip code | | | | | | | | |
| | | <input type="checkbox"/> Living with Parents <input type="checkbox"/> Living with Relative / Guardian | | | | | | | | <input type="checkbox"/> Home Address <input type="checkbox"/> Living with Relative / Guardian | | | |
| | | <input type="checkbox"/> Renting <input type="checkbox"/> Others(Specify _____) | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| HOME ADDRESS | | House/Block/Lot No | | | Street | | | PRESENT ADDRESS | | | | | |
| | | Subdivision/Village/Sitio | | | Barangay | | | | | | | | |
| | | City/Municipality | | | Province | | | | | | | | |
| | | Region | | | Zip code | | | | | | | | |
| | | <input type="checkbox"/> Home Address <input type="checkbox"/> Living with Relative / Guardian | | | | | | | | <input type="checkbox"/> Home Address <input type="checkbox"/> Living with Relative / Guardian | | | |
| | | <input type="checkbox"/> Renting <input type="checkbox"/> Others(Specify _____) | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| FAMILY BACKGROUND | | | | | | | | | | | | | |
| FATHER | LAST NAME | | | | | | | | | | | | |
| | FIRST NAME | | NAME EXT. | | | | | | | | | | |
| | MIDDLE NAME | | | | | | | | | | | | |
| | OCCUPATION | | | | | | | | | | | | |
| | CURRENT AGE | | BIRTH DATE | | dd-mm-yyyy | | | | | | | | |
| MOTHER (Maiden Name) | LAST NAME | | | | | | | | | | | | |
| | FIRST NAME | | NAME EXT. | | | | | | | | | | |
| | MIDDLE NAME | | | | | | | | | | | | |
| | OCCUPATION | | | | | | | | | | | | |
| | CURRENT AGE | | BIRTH DATE | | dd-mm-yyyy | | | | | | | | |
| NO. OF BROTHERS | | | | | NO. OF SISTERS | | | | | | | | |
| BIRTH ORDER <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH <input type="checkbox"/> (Specify _____) | | | | | ARE YOU A BREADWINNER <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| NEAREST RELATIVE IN SERVICE (ACTIVE) | LAST NAME | | | | | | | | | | | | |
| | FIRST NAME | | NAME EXT. | | Jr., III, etc | | | | | | | | |
| | MIDDLE NAME | | | | | | | | | | | | |
| | RELATIONS HIP | | | | | | | | | | | | |
| | BRANCH OF SERVICE | | RANK | | | | | | | | | | |
| NEAREST RELATIVE IN SERVICE (RETIRED) | LAST NAME | | | | | | | | | | | | |
| | FIRST NAME | | NAME EXT. | | Jr., III, etc | | | | | | | | |
| | MIDDLE NAME | | | | | | | | | | | | |
| | RELATIONS HIP | | | | | | | | | | | | |
| | BRANCH OF SERVICE | | RANK | | | | | | | | | | |
| <small>PAGE 1 OF 2</small> | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | DATE | | | | | | |
| | | | | | | | dd-mm-yyyy | | | | | | |

| EDUCATIONAL BACKGROUND | | | | | | | |
|--|---|-------------------|---|----|--|----------------------|--------------------------|
| LEVEL | BASIC EDUCATION / DEGREE / COURSE (Write in Full) | NAME OF SCHOOL | PERIOD OF ATTENDANCE | | HIGHEST LEVEL / UNITS EARNED (if not graduated) | YEAR GRADUATED | ACADEMIC HONORS RECEIVED |
| | | | FROM | TO | | | |
| SECONDARY | | | | | | | |
| COLLEGE | | | | | | | |
| GRADUATE STUDIES | | | | | | | |
| VOCATIONAL / TRADE | | | | | | | |
| TESDA | | | | | | | |
| ELIGIBILITY | <input type="checkbox"/> PRC <input type="checkbox"/> CSE – PROFESSIONAL <input type="checkbox"/> CSE – SUB PROFESSIONAL <input type="checkbox"/> OTHERS (SPECIFY: _____) | | | | | RATING (for CSE): | |
| OTHER INFORMATION | | | | | | | |
| BODY BUILT | | SKIN COLOR | | | | | |
| COLOR OF HAIR | | COLOR OF EYE | | | | | |
| BLOOD TYPE | | IDENTIFYING MARKS | | | | | |
| FOOD RESTRICTIONS | | ALLERGIES | | | | | |
| SPORTS | | HOBBIES | | | | | |
| ORGANIZATION JOINED | | | | | | | |
| SKILLS (Give at least THREE (3)) | | | | | | | |
| MID # (PAG-IBIG) | | PHILHEALTH # | | | | | |
| TIN | | GSIS # | | | | | |
| MOBILE # 1 | | MOBILE # 2 | | | | | |
| CONTACT PERSON IN CASE OF EMERGENCY: | | | | | | | |
| NAME | | | | | | | |
| RELATIONSHIP | | CONTACT NUMBER: | | | | | |
| ADDRESS | | | | | | | |
| PLEASE ANSWER THE FOLLOWING TRUTHFULLY: | | | | | | | |
| 1. Have you been involved in any case / investigation pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is its nature and status? _____ 2. Have you ever been charged in any Administrative / Criminal case ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is its nature and status? _____ 3. Do you have any history of drug abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where and when did you undergo rehabilitation? _____ | | | | | | | |
| THIS IS TO CERTIFY that all entries above are true and correct and that I support all information contained herein with original or authenticated documentary proofs. Any false information/statement or failure to enclose any material fact may cause the filing of administrative / criminal case/s against me. | | | | | | | |
| THUMB MARKS | | | <div style="border: 1px solid black; padding: 20px; width: fit-content; margin: 0 auto;"> <p>2 X 2 Picture (Taken within 3 months with name tag and white background)</p> </div> | | | | |
| <div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div> | | | | | | |
| LEFT | RIGHT | | | | | | |
| _____ | | | _____ | | | | |
| Signature over Printed Name | | | Date | | | | |

Viber/Messenger Account: _____