



Department of Transportation  
 Philippine Coast Guard  
**COAST GUARD HUMAN RESOURCE MANAGEMENT SERVICE**  
 139 25th St., Port Area, South Harbor  
 1018 Manila

## PERSONAL INFORMATION SHEET

( All entries must be ENCODED ALL CAPS accurately. Only Signature will be in HAND WRITTEN. Tick appropriate boxes and leave BLANK if not applicable. DO NOT ABBREVIATE)

<b>PERSONAL DATA</b>																	
LAST NAME																	
FIRST NAME							NAME EXT.		Jr., III, IV etc								
MIDDLE NAME																	
GENDER		MALE			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		House/Block/Lot No			Street				
		Subdivision/Village/Sitio			Barangay					Subdivision/Village/Sitio			Barangay				
		City/Municipality			Province					City/Municipality			Province				
		Region			Zip code					Region			Zip code				
		Living with Parents Renting			Living with Relative / Guardian Others(Specify _____)					Home Address Renting			Living with Relative / Guardian Others(Specify _____)				
<b>FAMILY BACKGROUND</b>																	
FATHER	LAST NAME								MOTHER (Maiden Name)	LAST NAME							
	FIRST NAME		NAME EXT.		Jr., III, etc		FIRST NAME										
	MIDDLE NAME									MIDDLE NAME							
	OCCUPATION									OCCUPATION							
	CURRENT AGE		BIRTH DATE		dd-mm-yyyy					CURRENT AGE		BIRTH DATE		dd-mm-yyyy			
NO. OF BROTHERS						NO. OF SISTERS											
SIBLING POSITION		1ST		2ND		3RD		4TH		(Specify _____)		ARE YOU A BREADWINNER		YES		NO	
NEAREST RELATIVE IN SERVICE (ACTIVE)	LAST NAME								NEAREST RELATIVE IN SERVICE (RETIRED)	LAST NAME							
	FIRST NAME		NAME EXT.		Jr., III, etc		FIRST NAME			NAME EXT.		Jr., III, etc					
	MIDDLE NAME									MIDDLE NAME							
	RELATIONSHIP									RELATIONSHIP							
	BRANCH OF SERVICE		RANK							BRANCH OF SERVICE		RANK					
PAGE 1 OF 2																	
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	PRC    CSE – PROFESSIONAL    CSE – SUB PROFESSIONAL    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:

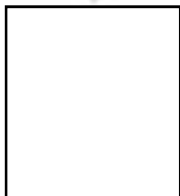
NAME			
RELATIONSHIP		CONTACT NUMBER:	
ADDRESS			

PLEASE ANSWER THE FOLLOWING TRUTHFULLY:

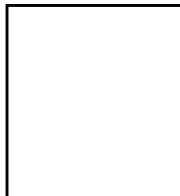
1. Have you been involved in any case / investigation pending against you?    **YES**    **NO** If yes, what is its nature and status?  
\_\_\_\_\_
2. Have you ever been charged in any Administrative / Criminal case ?    **YES**    **NO** If yes, what is its nature and status?  
\_\_\_\_\_
3. Do you have any history of drug abuse?    **YES**    **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



LEFT



RIGHT

**2 X 2 Picture**  
(Taken within 3 months with name tag and white background)

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date