



**HUMAN RESOURCES DEVELOPMENT**

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PICTURE  
2"X2"

**PERSONAL INFORMATION SHEET**

Personnel No: \_\_\_\_\_  
Department/Office: \_\_\_\_\_

**I. PERSONAL DATA**

1. Surname	First Name	Middle Name	2. Sex ( ) Male ( ) Female	3. Civil Status ( ) Single ( ) Married ( ) Widower ( ) Separated
4. Date of Birth:			5. Height:	6. Weight:
7. Religion:			8. Name of Religious Sect:	
9. Citizenship:			10. If Alien, ACR No. Place & Date of Issue	
11. Present Address:			12. Permanent Address:	Tel. No:
13. E-mail Address:			14. Cell Phone No:	
15. TIN No: _____ PhilHealth I.D.No: _____ Pag-IBIG No.: _____			16. SSS No.: _____ PERAA I.D. No: _____ Date of PERAA Coverage: _____	
17. If Married, Write Maiden Name			Name of Spouse	Occupation

18. Children:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Special Skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Do you have any pending civil/administrative/criminal case? If you have any, give particulars:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Date of employment (ACC): \_\_\_\_\_ Date Permanent: \_\_\_\_\_

23. References (3 persons not related by consanguinity or affinity to applicant/appointee)

Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. QUALIFICATIONS/COMPETENCIES** (Please **PRINT** all entries)

**1. Highest Education Qualification**

Title	Name of Institution	Date Graduated or Units Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Work Experience**

Name of School/ Office	Position	Salary	Date Covered	Reason(s) for Leaving (promotion, Retrenchment, etc)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**III. ELIGIBILITY**

	License/Place	Date	Rating
A. License to Practice Profession	_____	_____	_____
B. License as Technician	_____	_____	_____
C. Civil Service Eligibility	_____	_____	_____
D. Others (Specify)	_____	_____	_____

**IV. PROFESSIONAL GROWTH**

**A. Scholarship, honors, award for academic achievement in college and/or in service**

Name of Award	Awarded by	Date Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. Special Awards**

- Local: \_\_\_\_\_
- Provincial: \_\_\_\_\_
- Regional: \_\_\_\_\_
- National: \_\_\_\_\_



# Certification

*I do hereby certify on my honor the foregoing information and/or personal data are true and correct to the best of my knowledge and belief. Any or all parts thereof found later to be false may be stricken out accordingly and any/all benefits or privileges accruing and/or granted by Aklan Catholic College as a result of such false statements may be withheld or withdrawn in whole or in part as the case may be.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Accomplished

Note: Entries on the Personal Information Sheet will earn credits/points only when fully supported with documents.

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## (For HRD Center Use Only)

Last Day of Employment: \_\_\_\_\_

Cause of Separation: \_\_\_\_\_  
\_\_\_\_\_

Amount of Separation or Retirement Pay: Php \_\_\_\_\_

Date Given: \_\_\_\_\_ Check No: \_\_\_\_\_