



**HEADQUARTERS COAST GUARD**  
**HUMAN RESOURCE MANAGEMENT SERVICE**  
 56 Manuel L. Quezon St., Purok 1, New Lower Bicutan Taguig City  
 cghrms@coastguard.gov.ph



## PERSONAL INFORMATION SHEET

(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)

<b>PERSONAL DATA</b>													
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			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					
	<input type="checkbox"/> Living with Parents		<input type="checkbox"/> Living with Relative / Guardian		PRESENT ADDRESS					<input type="checkbox"/> Home Address		<input type="checkbox"/> Living with Relative / Guardian	
	<input type="checkbox"/> Renting		<input type="checkbox"/> Others(Specifiy _____)							<input type="checkbox"/> Renting		<input type="checkbox"/> Others(Specifiy _____)	
	<b>FAMILY BACKGROUND</b>												
	FATHER	LAST NAME				LAST NAME							
FIRST NAME			NAME EXT.	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					ARE YOU A BREADWINNER					<input type="checkbox"/> YES		<input type="checkbox"/> NO	
NEAREST RELATIVE IN SERVICE (ACTIVE)	LAST NAME				LAST NAME								
	FIRST NAME			NAME EXT.	Jr., III, etc	FIRST NAME			NAME EXT.	Jr., III, etc			
	MIDDLE NAME				MIDDLE NAME								
	RELATIONS HIP				RELATIONS HIP								
	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
			FRO M	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:

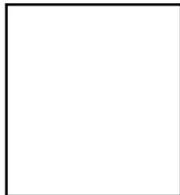
1. Have you been involved in any case / investigation pending against you?  YES  NO If yes, what is its nature and status?  
\_\_\_\_\_
2. Have you ever been charged in any Administrative / Criminal case ?  YES  NO If yes, what is its nature and status?  
\_\_\_\_\_
3. Do you have any history of drug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

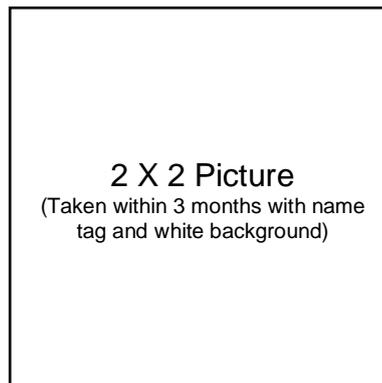
THUMB MARKS



LEFT



RIGHT



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

\_\_\_\_\_  
Date