



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		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						<input type="checkbox"/> Home Address <input type="checkbox"/> Living with Relative / Guardian			
		<input type="checkbox"/> Renting <input type="checkbox"/> Others(Specify _____)						<input type="checkbox"/> Renting <input type="checkbox"/> Others(Specify _____)			
FAMILY BACKGROUND											
FATHER	LAST NAME				MOTHER (Maiden Name)	LAST NAME					
	FIRST NAME		NAME EXT.			FIRST NAME		NAME EXT.			
	MIDDLE NAME					MIDDLE NAME					
	OCCUPATION					OCCUPATION					
	CURRENT AGE		BIRTH DATE			CURRENT AGE		BIRTH DATE			
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				NEAREST RELATIVE IN SERVICE (RETIRED)	LAST NAME					
	FIRST NAME		NAME EXT.			FIRST NAME		NAME EXT.			
	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
			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:

- Have you been involved in any case / investigation pending against you? ☐ YES ☐ NO If yes, what is its nature and status? _____
- Have you ever been charged in any Administrative / Criminal case? ☐ YES ☐ NO If yes, what is its nature and status? _____
- 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

Viber/Messenger Account: _____

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

1. Answer all the questions completely; if the question is not applicable, write "NA." Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records. Use the blanks pages at the back of this form for extra details on any question for which you do not have sufficient space.

2. Type, print or write carefully, illegible or incomplete forms will not receive consideration.

WARNING

1. The correctness of all statements of entries made herein will be investigated.
2. Any deliberate omission or distortion of material facts may give sufficient cause for denial of clearance.
3. The statement made herein is classified "**CONFIDENTIAL**." Revelation or use for purposes other than that authorized is prohibited by pertinent provisions of AFPRG 200-052.

I. PERSONAL DETAILS

A. Name: _____
(Last) (First) (Middle)

B. Rank: _____ PCG/SN: _____ Br/Svc: _____

C. Present Job / Assignment: _____

D. Business or Duty Address: _____

E. Home Address (Include St. & Nr): _____

F. Birth Date: _____ Place of Birth: _____

G. Change in Name (If by Court Action give details): _____

H. Nicknames: _____ Nationality: _____

I. TIN: _____ PAGIBIG No: _____ PhilHealth NO: _____

J. Religion: _____ Blood Type: _____

K. Cellphone/ Telephone Number: _____

II. PERSONAL CHARACTERISTICS

A. Description: Sex: _____ Age: _____ Height: _____ (cms) Weight _____ (kgs)
Build (heavy, Medium, Light): _____ Complexion (Dark, Fair, Light): _____
Color of Eyes: _____ Color of Hair: _____

Scars or marks and other distinguishing features: _____

B. Physical Condition/Present State of health (Excellent, Good, Poor) _____
Physical or Mental Defects: _____ Recent Serious Illness: _____

III. MARITAL HISTORY

A. Marital Status: _____
(Single, Married, Separated or Widow)

B. Name of Spouse: _____
(Full Name)

Date and Place of Marriage: _____

Occupation and Place of Employment: _____

C. Children:

Name	Date of Birth	Citizenship

IV. FAMILY HISTORY AND INFORMATION

A. Father's Name: _____
(Full name)

Date and Place of Birth: _____

Address: _____

Occupation and Place of Employment: _____

Citizenship: _____ if naturalized, give date and place where naturalized.

B. Mother's Name: _____
(Full Name)

Date and Place of Birth: _____

Address: _____

Occupation and Place of Employment: _____

Citizenship: _____ if naturalized, give date and place where naturalized.

B. Brothers and Sisters

NAME	AGE	ADDRESS	OCCUPATION

D. Step-parent or Guardian: _____

Address _____

Occupation and Place of Employment _____

Citizenship _____ if naturalized, give date and place where naturalized

E. Father-in-Law _____

Date and Place of Birth _____

Address _____

(Street) (Bo/Brgy) (Town/City)

Tel Nr _____

(Province)

Occupation and Place of Employment _____

Citizenship _____ If naturalized, give date and place where naturalized

F. Mother-in-Law _____

Date and Place of Birth _____

Address _____

(Street) (Bo/Brgy) (Town/City)

Tel Nr _____

(Province)

Occupation and Place of Employment _____

Citizenship _____ if naturalized, give date and place where naturalized

V. EDUCATIONAL BACKGROUND

A. Elementary

School	Location	Date of Attendance	Year Graduated

B. High School

School	Location	Date of Attendance	Year Graduated

C. College

School	Course	Location	Date of Attendance	Year Graduated

D. Post Graduate

School	Course	Location	Date of Attendance	Year Graduated

E. Other Schools Attended and Date of Attendance

School	Course	Location	Date of Attendance	Year Graduated

F. Civil Service Eligibility, if any, and others similar qualifications

G. Skills and other expertise

VI. MILITARY HISTORY

A. Date Enlisted in the PCG _____

B. Date of Commissionship _____ Source of Commission _____

C. Important Unit Assignment since Enlistment/CAD:

Unit Assignment	Designation	Inclusive Dates

D. Military Schools Attended

Name of Schools & Location	Date of Attendance	Nature of Training	Rating

E. Decorations and Awards or Commendations Received

Type of Award	Authority

VII. PLACES OF RESIDENCE SINCE BIRTH

Inclusive Dates	Places/Address

VIII. EMPLOYMENT

Inclusive Dates	Type of Employment	Name/Address of Employment	Reason of Leaving

Have you ever been dismissed or forced to resign from a position? Yes ___ No ___
 If yes, explain _____

IX. FOREIGN COUNTRIES VISITED (In chronological order)

Date	Country Visited	Purpose of Visit

X. CREDIT REPUTATION

A. Are you entirely dependent on your salary? Yes _____ No _____ if no, state other _____ sources of income _____

B. Name and Address of Banks or other Credit/Institution with which you have accounts/loans: _____

C. Have you filed a statement of your Assets and Liabilities with any government agency
Yes _____ No _____ If so, what, agency? _____

D. Have you filed your last income tax return? _____

E. Three (3) credit references in the Philippines:

Name	Address

XI. ARREST RECORD AND CONDUCT

A. Have you ever investigated / arrested, indicted or convicted for any violation of law? _____? If so, state name of court, nature of offense and disposition of case. _____

C. Has any member of your family ever been investigated / arrested, indicated or convicted for any violation of law? _____ If so, state name of court, nature of the case and disposition of case. _____

D. Have you, ever been charged in any Administrative Case? _____

E. Have you ever been arrested or detained pursuant to the provision of PD 1081 and its implementation order (GO, PO, LOI)? _____ If so, state the nature of the case and the place of your detention _____

F. Do you use intoxicating liquor or narcotics? _____ If so, what extent? _____

XII. GENERAL REPUTATION

- A. Give five (5) character references (not relatives) known three years or longer, who are not your relatives:

Name	Business Address/Residence (Include Street & Number)

- B. List down three (3) neighbors at your present residence:

Name	Business Address/Residence (Include Street & Number)

XIII. ORGANIZATION

List of organization or social groups which you have been a member:

Organization	Address	Date of Membership & Position held

XIV. MISCELLANEOUS

- A. Hobbies, sports and past times

- B. Language and Dialect (indicate ability as fluent, fair or poor):

Language or Dialect	Speak	Read	Write

C. Are you willing to undergo periodic lie detection test?

D. Copy exactly the following paragraph in your own handwriting

As Luis E Rapazo III of 105th Xavier Ave guzzled his way through three bottles of brandy, Josephine Z Quinsing, a partner in law firm of San Diego and Ballesteros located at 2879 Valley Forge St., Quezon City turned to Richard Ting Sr., a Chinese food expert from O.W. Kwantung Company, Ltd., 346 HadjiJairul Hussein Blvd., and said, "I can't speak for my Government but I'm quite sure your country and mine better get together for closer understanding."

I certify that the foregoing answers are true and correct to the best of my knowledge and belief and I agree that my misstatement or omission as to material facts will constitute ground for denial of my application for clearance.

Signed at _____

Date _____

(Signature of Applicant)

(Witness)

(Witness)



THUMBMARKS



LEFT



RIGHT

Subscribed and sworn to before me this _____ day of _____ 20 _____
Philippines, affiant exhibited to me his /her Community Certificate Nr _____
Issued on _____ at _____

(Administrative Officer/Notary Public)

(Rank and Designation)

(TIN)