

**CAREER EXECUTIVE SERVICE BOARD**  
#3 Marcelino St., Holy Spirit Drive, Diliman, Q.C.

**CES PERSONAL DATA FORM**

Please attach most recent 2"x2" colored photo with white background

Instructions:

1. If necessary, use a separate sheet of paper following the same format.
2. Type or print the data on each space clearly.
3. Please complete the data needed in this form.

**PERSONAL CIRCUMSTANCES**

NAME _____			
Last Name	First Name	Middle Name	Nickname
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Separated		NATIONALITY
BIRTHDATE	BIRTHPLACE	HEIGHT (Meters)	WEIGHT (Kilos)
RELIGION	IDENTIFYING MARKS _____		
PERMANENT HOME ADDRESS _____			
TELEPHONE/FAX NO(S). _____			
E-MAIL / CELLPHONE NO. _____			
SPOUSE _____			
CHILDREN	GENDER	BIRTHDATE	
_____	_____	_____	
_____	_____	_____	

**EDUCATIONAL QUALIFICATIONS**

LEVEL OF EDUCATION	SCHOOL	COURSE (MAJOR)	INCLUSIVE DATES OF ATTENDANCE	HIGHEST YEAR COMPLETED UNITS/DEGREE EARNED	HONORS RECEIVED	LOCAL/FOREIGN
COLLEGE						
VOCATIONAL						
POST-GRADUATE						
OTHERS						

**LANGUAGE/S or DIALECT/S SPOKEN:** \_\_\_\_\_

**SCHOLARSHIP/S RECEIVED**

TITLE _____	TITLE _____
SPONSOR _____	SPONSOR _____
INCLUSIVE DATES _____	INCLUSIVE DATES _____
<input type="checkbox"/> LOCAL <input type="checkbox"/> FOREIGN	<input type="checkbox"/> LOCAL <input type="checkbox"/> FOREIGN

**MAJOR CIVIC & PROFESSIONAL AFFILIATION/S**

ORGANIZATION _____	ORGANIZATION _____
POSITION _____	POSITION _____
INCLUSIVE DATES _____	INCLUSIVE DATES _____

**IMPORTANT STUDIES/RESEARCHES/PAPERS WRITTEN**

TITLE _____	TITLE _____
PUBLISHER _____	PUBLISHER _____
DATE _____	DATE _____

**CES STATUS**

<input type="checkbox"/> CURRENT CESO RANK _____	<input type="checkbox"/> CES Eligible	<input type="checkbox"/> Non-CES Eligible
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**AWARD/S RECEIVED**

TITLE _____	TITLE _____
SPONSOR _____	SPONSOR _____
DATE _____	DATE _____

Continue at the back please.

(use additional sheet if necessary)

**FIELD/S OF SPECIALIZATION / EXPERTISE**

<input type="checkbox"/> Agrarian Reform	<input type="checkbox"/> Health & Medical Science	<input type="checkbox"/> Social Services
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Information Tech./ M.I.S.	<input type="checkbox"/> Sports
<input type="checkbox"/> Arts/Humanities	<input type="checkbox"/> Labor Administration	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Business Mgmt.	<input type="checkbox"/> Law	<input type="checkbox"/> Tourism
<input type="checkbox"/> Communication Arts	<input type="checkbox"/> Local Gov't Administration	<input type="checkbox"/> Trade & Industry
<input type="checkbox"/> Culture	<input type="checkbox"/> Nat'l Security & Defense	<input type="checkbox"/> Transportation
<input type="checkbox"/> Economics	<input type="checkbox"/> Planning	<input type="checkbox"/> Urban Development
<input type="checkbox"/> Education	<input type="checkbox"/> Policy Administration/ Mgmt.	<input type="checkbox"/> Project Management
<input type="checkbox"/> Energy Dev't & Mgmt.	<input type="checkbox"/> Public Works & Highways	<input type="checkbox"/> OTHERS, pls. specify _____
<input type="checkbox"/> Environment & Natural Resources	<input type="checkbox"/> Research	_____
<input type="checkbox"/> Finance	<input type="checkbox"/> Rural Development	
<input type="checkbox"/> Foreign Affairs	<input type="checkbox"/> Science & Technology	

**CURRENT APPOINTMENT TO CES POSITION**

POSITION TITLE (per DBM Plantilla) _____	SALARY GRADE _____
OFFICE _____	
ADDRESS _____	
TEL./FAX NO(S). _____	
STATUS OF APPOINTMENT <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Coterminous	
If you are designated in an OIC, Acting or Concurrent capacity, please specify below:	
POSITION TITLE _____	SALARY GRADE _____
OFFICE _____	
ADDRESS _____	
TEL./FAX NO(S). _____	

**ELIGIBILITY ACQUIRED (Civil Service/Board/Bar Examinations Passed)**

TITLE	DATE TAKEN	PLACE	RATING

**CES TRAINING/S ATTENDED**

<input type="checkbox"/> SALAMIN	Session	_____
<input type="checkbox"/> DIWA	Session	_____
<input type="checkbox"/> GABAY	Session	_____
<input type="checkbox"/> I-ELP	Session	_____
OTHERS (please specify title and inclusive dates)		

**MANAGEMENT AND SPECIAL TRAINING/S**

TITLE _____
SPONSOR _____
INCLUSIVE DATES _____
VENUE _____
TITLE _____
SPONSOR _____
INCLUSIVE DATES _____
VENUE _____

**CASE RECORD/S**

Do you have any pending	If you have any, please give the status of the case.
a) Administrative Case? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
b) Criminal Case? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**REQUIRED ATTACHMENTS**

Please submit this form together with the following documents:

Appointment Paper                       Designation Order                       Service Record

I declare under the penalties of perjury that this form has been accomplished in good faith, verified by me and to the best of my knowledge and belief is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

_____ Date	_____ Signature over printed name
Subscribed and sworn to before me this ____ day of _____ 200__	
_____ Administering Officer	_____ Position / Office

**NOTE:** The administering officer may be one of the following: **Office Personnel / Administrative Officer, any Member of the Judiciary, Legal Officer or the Head of Agency.**