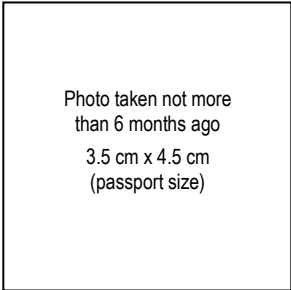


# PERSONAL HISTORY STATEMENT



**INSTRUCTIONS** (Print legibly. Mark appropriate boxes with [x])

1. Answer all questions completely. If question is not applicable, write "NA". Write "UNKNOWN" if you do not know the answer and cannot obtain the answer from personal records.
2. Print or write carefully in ballpen or fountain pen. Illegible or incomplete forms will have to be done over. Use additional sheets for extra details of any question for which you do not have sufficient space.
3. The correctness of all statements made here will be verified. Any deliberate omission or distortion of material facts may give sufficient cause for disapproval of application or denial of clearance.
4. Be as complete, honest and specific as possible in your responses.

**I. PERSONAL INFORMATION**

1. SURNAME			15. CHANGE IN NAME	
FIRST NAME			(IF COURT ACTION,	
MIDDLE NAME			GIVE DETAILS)	
2. DATE OF BIRTH		3. AGE	16. HAIR	<input type="checkbox"/> Brown <input type="checkbox"/> Black
4. PLACE OF BIRTH				Others specify
5. SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female	17. PRESENT ADDRESS	
6. CIVIL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	(Specify exact location of	
	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	address including the	
			Barangay)	
7. RELIGION			ZIP CODE	
DATE ACQUIRED	[mm/dd/yyyy]		18. TELEPHONE NO.	
8. CITIZENSHIP			19. PROVINCIAL	
HOW ACQUIRED			ADDRESS	
			ZIP CODE	
9. BLOOD TYPE	<input type="checkbox"/> A	<input type="checkbox"/> B	20. TELEPHONE NO.	
	<input type="checkbox"/> AB	<input type="checkbox"/> O		
10. HEIGHT			21. E-MAIL ADDRESS	
	( cm )			
11. WEIGHT			22. MOBILE PHONE NO.	
	( kg )			
12. BUILT	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	23. PHILHEALTH NO.	
	<input type="checkbox"/> Large	<input type="checkbox"/> Very Large	24. GISIS POLICY NO.	
13. COMPLEXION	<input type="checkbox"/> Light	<input type="checkbox"/> Fair	25. TIN	
	<input type="checkbox"/> Brown	<input type="checkbox"/> Dark	26. PAG-IBIG NO.	
14. EYES	<input type="checkbox"/> Brown	<input type="checkbox"/> Black	27. SSS NO.	
	Others specify		28. DISTINGUISHING FEATURES	
			29. DRIVER'S LICENSE (If Any)	Date of issuance:
				Date of Expiration:

**II. FAMILY:**

**30. SPOUSE/ PROSPECTIVE SPOUSE**

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> PROSPECTIVE SPOUSE	DATE OF BIRTH	[mm/dd/yyyy]
NAME		DATE OF MARRIAGE	[mm/dd/yyyy]
		TELEPHONE NO.	
ADDRESS		OCCUPATION	
		BUSINESS ADDRESS	
CITIZENSHIP		EMPLOYER	

**ADDITIONAL QUESTIONS**

31. WHEN AND WHERE DID YOUR FIRST MARRIAGE TOOK PLACE?

32. WHAT IS THE NAME OF YOUR FORMER SPOUSE?	
33. HOW MANY CHILDREN DID YOU HAVE?	
34. WHAT IS THE CAUSE OF FAILURE OF YOUR FIRST MARRIAGE?	
35. DID YOU HAVE A SECOND MARRIAGE? WHEN AND WHERE?	
36. HAVE YOU APPLIED FOR ANNULMENT/ NULLITY OF MARRIAGE?	

(Continue on separate sheet, if necessary)

**37. CHILDREN OR DEPENDENTS**

List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

NAME	DATE OF BIRTH (mm/dd/yyyy)

(Continue on separate sheet, if necessary)

**38. PARENTS**

NAME OF FATHER		NAME OF MOTHER	
OCCUPATION		OCCUPATION	
PARENTS' ADDRESS			
CITIZENSHIP			

**39. IN-LAWS**

NAME OF FATHER-IN-LAW		NAME OF MOTHER-IN-LAW	
CITIZENSHIP		CITIZENSHIP	
OCCUPATION		OCCUPATION	
PARENTS-IN-LAW'S ADDRESS			

**40. BROTHERS AND SISTERS**

List all living siblings, including half-siblings, step siblings, foster siblings, their home and work address, etc.

NAME	DATE OF BIRTH [mm/dd/yyyy]	CIVIL STATUS	OCCUPATION	ADDRESS

(Continue on separate sheet, if necessary)

**41. RELATIVES IN THE AGENCY AND OTHER GOVERNMENT SERVICES**

NAME	RELATIONSHIP	POSITION	OFFICE AND ADDRESS

(Continue on separate sheet, if necessary)

**42. RECOMMENDED BY AND/OR CONTACT PERSON IN THE AGENCY**

**UNIT**

**DESIGNATION**



**III. EDUCATIONAL BACKGROUND** (If undergraduate, indicate year level completed)

43. LEVEL	NAME OF SCHOOL AND ADDRESS (WRITE IN FULL)	DEGREE/ COURSE (WRITE IN FULL)	HIGHEST GRADE/LEVEL/ UNITS EARNED (IF NOT GRADUATED)	INCLUSIVE DATES OF ATTENDANCE		ACADEMIC HONORS RECEIVED
				FROM	TO	
PRE-SCHOOL						
ELEMENTARY						
SECONDARY						
VOCATIONAL/ TRADE COURSE						
TERTIARY						
POST-GRADUATE						

**IV. EMPLOYMENT HISTORY**

Chronological History of Employment since 18<sup>th</sup> birthday. Account for all periods. Include all work experiences, regardless of nature and period, both local and foreign

44. INCLUSIVE DATES		POSITION HELD (Write in full)	EMPLOYER (Write in full)	EMPLOYER'S ADDRESS (Write in full)	CAUSE OF SEPARATION
FROM [mm/dd/yyyy]	TO [mm/dd/yyyy]				

**45. IF SELF EMPLOYED, NATURE OF BUSINESS/SOURCE OF INCOME**

**DATE ESTABLISHED**

--	--

**46. FOR RETIRED MILITARY PERSONNEL**

DATE ENTERED MILITARY ACTIVE SERVICE	DATE OF RETIREMENT	NUMBER OF YEARS OF ACTIVE MILITARY SERVICE

**V. ACTIVE PHILIPPINE OR FOREIGN MILITARY SERVICE**

47. COUNTRY	HIGHEST RANK	ASN

(Continue on separate sheet, if necessary)

**48. MILITARY HISTORY (INCLUDING CADETSHIP WITH MILITARY OR POLICE ACADEMIES)**

DATE	RANK	POSITION	UNIT

(Continue on separate sheet, if necessary)

**VI. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS**

List names and addresses of all clubs, societies, employees groups, organizations, homeowners associations whether elected or appointed including NGO membership of any kind (or membership/support in any organization having headquarters or branch in a foreign country) to which you belong or have belonged

49. NAME	AFFILIATION WITH OTHER ORGANIZATIONS	PERIOD OF MEMBERSHIP		POSITION	ADDRESS
		FROM	TO		

(Continue on separate sheet, if necessary)

**VII. CHARACTER REFERENCES**

List of at least 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

50. NAME	ADDRESS/ OTHER CONTACT DETAILS	LENGTH/ NATURE OF ACQUAINTANCES

(Continue on separate sheet, if necessary)

**VIII. OTHER QUALITIES AND FITNESS/INFORMATION**

51. LANGUAGE(S) AND DEGREE OF PROFICIENCY	
52. SPECIAL SKILLS/ HOBBIES	
SPORTS	
53. HONORS AND AWARDS	
54. PUBLICATIONS AND INVENTIONS	
55. PHYSICAL HANDICAP OR DISABILITY	

**CIVIL SERVICE ELIGIBILITIES/ GOVERNMENT EXAMINATIONS TAKEN**

56. TYPE	RATING	DATE ACQUIRED

(Continue on separate sheet, if necessary)

**IX. FINANCIAL BACKGROUND**

**INCOME AND EXPENSES**

57. FROM YOUR EMPLOYER(S), WHAT IS YOUR TAKE-HOME MONTHLY INCOME?			
58. DO YOU HAVE INCOME OTHER THAN FROM YOUR SALARY OR WAGES?	[ ] Yes [ ] No	If the answer is "Yes", How much?	
59. ESTIMATE YOUR MONTHLY LIVING EXPENSES, INCLUDE HOUSING, UTILITIES, CREDIT CARDS OR OTHER LOAN PAYMENTS, FOOD, GAS AND CAR MAINTENANCE, ENTERTAINMENT, ETC., AS WELL AS ANY OTHER OBLIGATION(S) YOU MAY HAVE.			

**ASSETS**

60. HOME OWNERSHIP	[ ] OWNED [ ] MORTGAGED [ ] RENTED – (P /month) [ ] LIVING WITH RELATIVES		
YEARS OF STAY			
61. REAL PROPERTY DESCRIPTION/VALUE		65. INVESTMENTS DESCRIPTION/VALUE	
62. PERSONAL PROPERTY DESCRIPTION/VALUE		66. BANK DEPOSITS	
63. PENSION OR ANNUITY FROM GOVERNMENT		67. RECEIVABLES	
64. OTHER SAVINGS		68. INCOME FROM ALL SOURCES	

**69. ACTIVE CREDIT CARDS OWNED**

CARD COMPANY	DATE ISSUED	CREDIT LIMIT	DATE OF EXPIRATION

**LIABILITIES**

70. ACCOUNTS PAYABLE (MORTGAGE, LOANS, INSURANCE, ETC)	
71. EXPENSES (YEARLY)	
72. NET INCOME (YEARLY INCOME FROM ALL SOURCES LESS YEARLY EXPENSES)	

**X. RESIDENCE(S) OF MORE THAN SIX (6) MONTHS DURATION SINCE BIRTH**

73. INCLUSIVE DATES [mm/dd/yyyy]		COMPLETE ADDRESS
FROM	TO	

(Continue on separate sheet, if necessary)

**XI. TRAVEL ABROAD:**

74. INCLUSIVE DATES [mm/dd/yyyy]		PLACE	PURPOSE
FROM	TO		

(Continue on separate sheet, if necessary)

75. PASSPORT NO.	ISSUED AT	ISSUED ON

**XII. MEDICAL RECORDS:**

ATTENDING PHYSICIAN(S)	ADDRESS

(Continue on separate sheet, if necessary)

**XIII. MISCELLANEOUS INFORMATION:**

76. ARE YOU, OR HAVE YOU BEEN A MEMBER OF OR AFFILIATED WITH THE FOLLOWING ORGANIZATIONS INCLUDING INTERNATIONAL ASSOCIATION OR ANY OTHER GROUPS TO INCLUDE PARTICULAR MEMBERS/ ASSOCIATES/ PERSONALITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> CPP/NPA/NDF	<input type="checkbox"/> ABU SAYYAF GROUP
	<input type="checkbox"/> MNLF	<input type="checkbox"/> KIDNAP FOR RANSOM GROUP
	<input type="checkbox"/> MILF	<input type="checkbox"/> OTHERS →
IF SO, GIVE DETAILS AS TO WHAT PARTICULAR GROUPS, WHEN JOINED AND/OR LEFT, POSITION ATTAINED AND NAME OF CLOSE ASSOCIATES:		
77. GIVE THE SAME INFORMATION DESIRED ON 76 ABOVE FOR ANY MEMBER OF YOUR FAMILY OR RELATIVES BY BLOOD OR MARRIAGE UP TO THE THIRD DEGREE		
78. HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OF LAW, OTHER THAN TRAFFIC VIOLATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No      If your answer is "YES", give details of the offense
79. HAVE YOU EVER BEEN CHARGED WITH ANY CRIME OR VIOLATION OF ANY LAW, DECREE, ORDINANCE OR REGULATIONS IN ANY COURT OR TRIBUNAL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No      If your answer is "YES", give details of the offense
80. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR VIOLATION OF ANY LAW, DECREE, ORDINANCE OR REGULATIONS IN ANY COURT OR TRIBUNAL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No      If your answer is "YES", give details of the offense

81. HAVE YOU EVER BEEN CHARGED WITH ANY ADMINISTRATIVE OFFENSE?	[ ] Yes [ ] No	If your answer is "YES", give details of the offense
82. HAVE YOU EVER BEEN DECLARED GUILTY OF ANY ADMINISTRATIVE OFFENSE?	[ ] Yes [ ] No	If your answer is "YES", give details of the offense
83. HAVE YOU EVER BEEN FORCED TO RETIRE/RESIGN OR BE DROPPED FROM EMPLOYMENT IN THE PUBLIC OR PRIVATE SECTOR?	[ ] Yes [ ] No	If your answer is "YES", give reasons
84. ARE YOU WILLING TO SUBMIT YOURSELF VOLUNTARILY TO POLYGRAPH TEST IN THE CONDUCT OF ADMINISTRATIVE/ SECURITY INVESTIGATION OR IN LIKE MANNER ANY INVESTIGATION ON ACTIONS RELATIVE TO YOUR OFFICIAL FUNCTIONS AND ALL OTHER ACTIONS INVOLVING THE AGENCY?	[ ] Yes [ ] No	If your answer is "NO", give reasons
85. DO YOU DRINK INTOXICANT(S)?	[ ] Yes [ ] No	If so, what kind and to what extent?
86. DO YOU TAKE PROHIBITED DRUGS OR ANY ILLEGAL SUBSTANCE?	[ ] Yes [ ] No	If so, what kind and to what extent?
87. HAVE YOU EVER BEEN INVOLVED IN ANY ILLEGAL DRUG ACTIVITIES SUCH AS BUT NOT LIMITED TO TRAFFICKING?	[ ] Yes [ ] No	If your answer is "YES", give details
88. HAVE YOU EVER BEEN HOSPITALIZED OR TREATED FOR ANY MENTAL OR NEUROLOGICAL DISORDER?	[ ] Yes [ ] No	If "YES" explain fully as to the nature of sickness, length of confinements, treatments received, etc.
<b>XIV. QUESTIONS</b>		
89. DESCRIBE/IDENTIFY YOUR JOB QUALIFICATIONS		
90. WHY DO YOU FEEL QUALIFIED FOR THE JOB/POSITION?		
91. HOW MUCH COMPENSATION DO YOU THINK IS COMMENSURATE WITH THE JOB/POSITION YOU ARE APPLYING FOR?		
92. HOW LONG WOULD YOU LIKE TO STAY IN THIS JOB AND WHY?		
93. ARE YOU WILLING TO UNDERGO A TEMPORARY EMPLOYMENT WITH DUE COMPENSATION IN CASE YOU QUALIFY FOR THIS POSITION?	[ ] Yes [ ] No	Explain your answer
94. ARE YOU WILLING TO WORK ABROAD?	[ ] Yes [ ] No	If the answer is "No", explain your answer
95. ARE YOU WILLING TO WORK ANYWHERE IN THE PHILIPPINES?	[ ] Yes [ ] No	If the answer is "No", explain your answer
96. ARE YOU WILLING TO UNDERGO A SERIES OF COMPETITIVE WRITTEN, ORAL AND/OR PERFORMANCE TEST?	[ ] Yes [ ] No	If the answer is "No", explain your answer
97. ARE YOU WILLING TO BE SUBJECTED TO A BACKGROUND INVESTIGATION?	[ ] Yes [ ] No	If the answer is "No", explain your answer
98. ARE YOU PRESENTLY EMPLOYED?	[ ] Yes [ ] No	WHAT IS YOUR MONTHLY INCOME?





**SKETCH OF RESIDENCE** (IF NEEDED ADDITIONAL SHEET OF PAPER OR ANOTHER PAGE/LAST PAGE. IF POSSIBLE INDICATE AT LEAST TWO (2) PROMINENT LANDMARKS GOING TO AND FROM THE EXACT LOCATION/ ADDRESS OF THE SUBJECT.)

(Continue on separate sheet)

106. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS PERSONAL DATA SHEET 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 PERTINENTS LAWS, RULES AND REGULATIONS OF THE REPUBLIC OF THE PHILIPPINES.

I ALSO AUTHORIZE THE AGENCY HEAD/ AUTHORIZED REPRESENTATIVE TO VERIFY/ VALIDATE THE CONTENTS STATED HEREIN. I UNDERSTAND THAT ANY PERSONAL CIRCUMSTANCES SHALL BE INVESTIGATED ON THE BASIS OF MY DECLARATION HEREIN. I THERFORE EXONERATE THE NICA OR ITS PERSONNEL FROM ANY LIABILITY THAT MAY ARISE DURING THE COURSE OF INVESTIGATION. I ALSO UNDERSTAND THA ANY MISREPRESENTATION OF THIS AF/PHS SHALL BE GROUND FOR THE OUTRIGHT NON - CONSIDERATION OF MY APPLICATION AND MY NON - ADMISSION IN THE AGENCY

SIGNATURE OF PERSON ACCOMPLISHING THIS FORM	
PLACE AND DATE ACCOMPLISHED	
COMMUNITY TAX CERTIFICATE NO./ PLACE AND DATE ISSUED	

Not older than 6 months  
3.5 cm x 4.5 cm  
(passport size)

Left Thumbmark

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

Right Thumbmark

\_\_\_\_\_  
ADMINISTERING OFFICER