C O N F I D E N T I A L

**PERSONAL HISTORY STATEMENT**

FILE Nr\_\_\_\_\_\_\_

**INSTRUCTIONS**

1. ANSWER ALL QUESTIONS COMPLETELY. IF THE QUESTION IS NOT

APPLICABLE, WRITE “NA” WRITE “UNKNOWN” ONLY IF YOU DO NOT

KNOW THE ANSWER AND CAN NOT OBTAIN FROM PERSONALRECORDS. USE THE BLANK PAGES AT THE BACK OF THIS FORM FOR

EXTRA DETAILS OF THE ANSWER TO QUESTIONS FOR WHICH YOU DO

NOT HAVE SUFFICIENT SPACE.

1. TYPE, PRINT OR WRITE CAREFULLY. ILLEGIBLE OR INCOMPLETE

FORM WILL NOT RECEIVE CONSIDERATIONS.

**W A R N I N G**

1. THE CORRECTNESS OF ALL STATEMENTS OR ENTRIES

MADE HEREIN WILL BE INVESTIGATED.

1. ANY DELIBERATE OMISSION OR DISTORTION OF MATERIAL

FACTS MAY GIVE SUFFICIENT CAUSE FOR DENIAL OF CLEARANCE.

1. THE STATEMENTS MADE HEREIN ARE CLASSIFIED

CONFIDENTIAL. REVELATION OR USE OTHER THAN THE AUTHORIZED PURPOSE IS PROHIBITED BY AFPR G 200-053.

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C O N F I D E N T I A L

1. **PERSONAL DATA:**
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last name) (First name) (Middle Initial)

1. Rank:\_\_\_\_\_\_\_\_\_AFPSN:\_\_\_\_\_\_\_\_\_\_\_\_\_Br of Svc/AFOS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Present Assignment and designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Job Title (If Civilian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Present Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Include Street & District)

1. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Change in name (if by court action, give details):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Nicknames:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFP ID Nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIN :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Blood Type:\_\_\_\_\_\_\_\_\_\_\_\_\_

GSIS/SSS Nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel Nr/CP Nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PERSONAL CHARACTERISTICS:**
	1. DESCRIPTION:
	2. Sex:\_\_ \_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_Height:\_\_\_\_\_ (meter)

Weight:\_\_ \_ \_\_(Kgs)\_\_\_\_ \_\_\_\_\_\_\_Built:(Heavy, Medium, Light)

Complexion: (Dark, Fair, Light)\_\_\_\_\_\_\_\_\_\_\_\_Color of Eyes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color of Hair: \_\_\_\_\_\_\_\_\_\_Scar or Mark & other distinguishing feature:\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. PHYSICAL CONDITION:

Present state of health (Excellent, Good, Poor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical or Mental Defects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent Serious Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III.MARITAL STATUS:**

* 1. Civil Status:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Single, Married, Separated/Widow)

1. Name of Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation and Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: If Naturalized, give date and place where

naturalized\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Children:



Name Date of Birth Address

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**IV.** **FAMILY HISTORY INFORMATION:**

1. Father:

(Full name) Date & Place of Birth:

Home Address:

Occupation & Place of Employment:

Citizenship: If naturalized, give date and place where naturalized:

1. Mother:

 (Full name)

Date & Place of Birth:

Home Address:

Occupation & Place of Employment:

Citizenship: If naturalized, give date and place where naturalized:

1. Brothers & Sisters:



Name Occupation Home Address



1. Step Parents or Guardian:

(Full Name)

Address:

Date and Place of Birth:

Occupation and Place of Employment:

1. Father-in-Law: Address:

Date and Place of Birth:

Occupation and Place of employment:

1. Mother-in-Law: Address:

Date and Place of Birth:

Occupation and Place of employment:

1. Brothers and Sisters in Law



Name Occupation Home Address



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1. **EDUCATION BACKGROUND:**

A.Elementary:



Name of School  Location  Date of Attendance

1. High School Secondary Level:



Name of School Location Date of Attendance



1. College/University



Name/Location of School Date of Course Yr/Graduated

Attendance



1. Post Graduate:



Name/Location of Date of Attendance Course Yr/Graduated

School



1. Other School Attended:



Name of School Location Date of Attendance



F. Civil Service Eligibility, If any, or similar qualifications acquired:

**VI.** **MILITARY HISTORY:**

1. Date Entered Military Service (as Trainee or as Cadet):
2. Date Enlisted:
3. Date of Commission:
4. Date of CAD:
5. Have you ever been separated from the Military Service? If Yes, state nature of circumstances:
6. Important Unit Assignment:



Designation Inclusive Dates Unit



(Use Separate sheet for additional Information)

1. Military Schools/Training attended/undergone:



Name/Location of School Inclusive Course

Dates



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1. Awards, Commendations or Decorations received:



Awards/Decoration/Commendation Authority



(Use separate sheet for additional information)

**VII.** **PLACES OF RESIDENCE SINCE BIRTH:**



Complete Address Inclusive Dates



**VIII.** **EMPLOYMENT HISTORY (If civilian or prior to entry to mil service)**



Name/Address of Employer Position Reason for Leaving Inclusive Dates



**IX.** **FOREIGN COUNTRIES VISITED:**



Date Countries Visited Purpose of Visit



1. **CREDIT REPUTATION**
	1. Are you entirely dependent on your salary? Yes \_\_\_\_ No \_\_\_\_

If no, state other source of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Name and address of banks or other credit institution with which you have accounts Loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Have you filed a statement of your Assets and Liabilities with any government agency? Yes \_\_\_ No \_\_\_ If so what agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Have you filed your Income Tax Return?\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Three (3) Credit References in the Philippines



Name of Person Complete Home Address



XI. ARTICLES OF WAR, CRIMINAL AND CIVIL RECORDS:

1. Have you ever been involved for any violation of Articles of War, Revised Penal Code (RPC), civil code and other ordinances? Yes \_\_\_ No \_\_\_ If yes, state name of court, nature of offense, nature of involvement and disposition of case:

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

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C O N F I D E N T I A L

1. Has any member of your family ever involved of any violation as stated in para A? Yes \_\_\_\_ No \_\_\_\_ If yes, state name of court, nature of offense, nature of involvement and disposition of case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever been charge in any administrative case? Yes \_\_\_No\_\_\_

If so, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been arrested or detained pursuant to PD 1081 and its implementing orders (GO, PO, LOI)? Yes \_\_\_\_ No \_\_\_\_ If so, state name of court, nature of offense and place of detention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you drink intoxicating liquor/beer? Yes \_\_\_ No \_\_\_ If so, what extent?

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

1. Do you use drugs or narcotics? Yes \_\_\_ No\_\_\_ If so, specify and to what extent?

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

**XII.** **GENERAL REPUTATION:**

1. Give Five (5) character references (Known to three (3) years or longer who are not your relatives):



Full Name Complete Home Address



1. List down three (3) neighbors and your present residence:



Full Name Complete Home Address



**XIII.** **ORGANIZATIONS:**

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



Name of Organization Position Held Date of Membership



XIV. MISCELLANEOUS:

1. Hobbies, Sport and Past time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Skills (such as driving, carpentry, shorthand typing, designing, etc)\_\_\_\_\_\_\_\_\_\_

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

1. Language and dialect ( check and indicate ability as fluent, fair or poor):



LANGUAGE OR DIALECT SPEAK READ WRITE



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C O N F I D E N T I A L

1. Are you willing to undergo periodic lie detection test? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_
2. Copy exactly the following paragraph in your own hand writing:

As Luis Repaso II of 105th Xavier Ave, guzzled his way through three bottles of brandy. Josephine Z Quanzing, a partner in law firm of San Diego and Ballesteros located at 2879 Valley Forge St, Quezon City turned to Richard Ting, a Chinese food expert from Q.W. Kwantung Company, Ltd., 346 HadjiJairulaHussin Blvd., and said. “I can’t speak for my government but I’m quite sure your country and mine get together for closer understanding”.

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

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I CERTIFY that the foregoing answers are true and correct to the best of my knowledge and belief and I agree that any misstated or omission as to a material fact will constitute ground for immediate denial of my application for clearance.

Signed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Signature of Applicant)

WITNESSES:

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

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

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

LATEST 2x2

RIGHT THUMBMARK PICTURE

(PASSPORT SIZE)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_2018\_\_ at

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

Philippines, affiant exhibiting to me his/her Residence Certificate Nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LTC MARVIN G DELOS SANTOS (INF) PA**

(Administering Officer/Notary Public)

Chief, RAD, APMC

(Rank/Designation)

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SKETCH OF THE IMMEDIATE VICINITY OF RESIDENCE

C O N F I D E N T I A L

C O N F I D E N T I A L

(Indicate Prominent Points/References)

**Attachments:**

**EP:** (a)DLO, PA Clearance

(b)Updated SOI

**Civilian Applicant:**

All local Clearances

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