

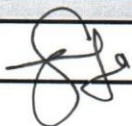
PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.
Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION			
2. SURNAME	ISRAEL		
FIRST NAME	ZANDRO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GALGO		
3. DATE OF BIRTH (mm/dd/yyyy)	5/3/1974	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	GUADALUPE, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street PATAG Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'5	ZIP CODE	6521
8. WEIGHT (kg)	61 KG		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. Street PATAG Subdivision/Village Barangay BAYBABY LEYTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	13-200414126-5	19. TELEPHONE NO.	NONE
13. SSS NO.	NONE	20. MOBILE NO.	09268423403
14. TIN NO.	917-637-678	21. E-MAIL ADDRESS (if any)	NONE
15. AGENCY EMPLOYEE NO.	VJ00414		

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	ISRAEL	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIFE	NAME EXTENSION (JR., SR)	VANESSA F. ISRAEL 10/10/1996
MIDDLE NAME	FERNANDEZ		VELLEJOEF. ISRAEL 3/6/2002
OCCUPATION	HOUSE WIFE		
EMPLOYER/BUSINESS NAME	NONE		
BUSINESS ADDRESS	NONE		
TELEPHONE NO.	NONE		
24. FATHER'S SURNAME	ISRAEL		
FIRST NAME	CRISOLOGO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BALLEBAS		
25. MOTHER'S MAIDEN NAME			
SURNAME	GALGO		
FIRST NAME	ROSETA		
MIDDLE NAME	MABALE		
(Continue on separate sheet if necessary)			

III. EDUCATIONAL BACKGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	N/A	1982	1986	GRADUATED	1986	NONE
SECONDARY	BAYBAY HIGH SCHOOL	N/A	1987	1992	GRADUATED	1992	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	N/A	N/A					
GRADUATE STUDIES	N/A	N/A					
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	4/19/17	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)



4/19/17

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC, NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

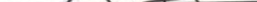
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION	
1. Name of the company	
2. Address of the company	
3. Name of the person in charge of the company	
4. Name of the person in charge of the project	
5. Name of the person in charge of the study	
6. Name of the person in charge of the report	
7. Name of the person in charge of the data collection	
8. Name of the person in charge of the data analysis	
9. Name of the person in charge of the data interpretation	
10. Name of the person in charge of the data presentation	
11. Name of the person in charge of the data distribution	
12. Name of the person in charge of the data storage	
13. Name of the person in charge of the data retrieval	
14. Name of the person in charge of the data archiving	
15. Name of the person in charge of the data backup	
16. Name of the person in charge of the data recovery	
17. Name of the person in charge of the data security	
18. Name of the person in charge of the data privacy	
19. Name of the person in charge of the data integrity	
20. Name of the person in charge of the data availability	
21. Name of the person in charge of the data reliability	
22. Name of the person in charge of the data validity	
23. Name of the person in charge of the data accuracy	
24. Name of the person in charge of the data precision	
25. Name of the person in charge of the data consistency	
26. Name of the person in charge of the data completeness	
27. Name of the person in charge of the data timeliness	
28. Name of the person in charge of the data freshness	
29. Name of the person in charge of the data currency	
30. Name of the person in charge of the data relevance	
31. Name of the person in charge of the data usefulness	
32. Name of the person in charge of the data applicability	
33. Name of the person in charge of the data feasibility	
34. Name of the person in charge of the data desirability	
35. Name of the person in charge of the data acceptability	
36. Name of the person in charge of the data appropriateness	
37. Name of the person in charge of the data suitability	
38. Name of the person in charge of the data appropriateness	
39. Name of the person in charge of the data suitability	
40. Name of the person in charge of the data appropriateness	

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/19/17	CS FORM 212 (Revised 2017), Page 3 of 4
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,
a. within the third degree?
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:
Date Filed: _____
Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ NO

If YES, give details:

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☐ YES☒ NO

If YES, give details:

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES☒ NO

If YES, give details: _____

☐ YES☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:
a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____

☐ YES☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. PACIENCIA P. MILAN	GUADALUPE, BAYBAY CITY, LEYTE	NONE
MR. FELIX ABANERA	PATAG, BAYBAY CITY, LEYTE	NONE
DR. JOSE L. BACUSMO	VSU, BAYBAY CITY, LEYTE	NONE

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

ZANDRO G. ISMAEL

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:	VSU ID
ID/License/Passport No.:	VJ00414
Date/Place of Issuance:	BAYBAY CITY, LEYTE

Signature (Sign inside the box)

4/19/17

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this **APR 26 2017**, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
NOTARY PUBLIC
UNTIL DECEMBER 31, 2017
Person Administering Oath

PTRO 19 - BAYBAY/LEYTE - 4/12/17
IBP 103 - 12 - 1 - LORAN CITY - 4/21/16
MCLE COMF - 4 - 1 - 11/20/15
ROLL OF ATTORNEYS NO. 57467

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