| S Form No. 212* evised 2017 | | IAL DAT | | | | |
|--|---|--|---------------|---------------------------|--|---|
| | on made in the Personal Data Sheet and the Wo | | | | criminai case/s agai | nst the person concern |
| EAD THE ATTACHED GUIDE | TO FILLING OUT THE PERSONAL DATA SHEE | T (PDS) BEFORE ACCOMP | JSHING THE | PDS FORM. | 6 | (Do not fill up. For CSC use |
| nt legibly. Tick appropriate boxes PERSONAL INFORMAT(©) |) and use separate sheet if necessary. Indicate | N/A II not applicable. Do Not | ABBICEVIATE | 4 | 200 | |
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| SURNAME | EDILBERTO | | | | - uls | |
| FIRST NAME | | | | | H/A | |
| MIDDLE NAME | VICLAS | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 02/23/1977 | 16. CITIZENSHIP | | Filipino | Dual Citizenship | by naturalization |
| 4. PLACE OF BIRTH | PALO, LEYPE | If holder of dual citize | nship, | | Pls. indicate | country: |
| 5. SEX | Male Female | please indicate the d | etails. | Philippines | | |
| 6 CIVIL STATUS | Single Married | 17. RESIDENTIAL ADDRESS | Но | nuse/Block/Lot No. | anyquiter anytherhologie e wast a habey, hi i i covar e | Street ZONG |
| | ☐ Widowed ☐ Separated ☐ Other/s: | | Si | ubdivision/VIIIage | made a consecutive of a consecutive of the consecut | Barangay |
| 7. HEIGHT (m) | 1.73 m | | | City/Municipality BA | YBAY | Province L57 |
| 8. WEIGHT (kg) | 74kg | ZIP CODE | | \$721 | | |
|). BLOOD TYPE | Q my vina | 18. PERMANENT ADDRESS | Но | ouse/Block/Lot No. | - homeon - marin of his or | Street 2015 |
| 0. GSIS ID NO. | 996-9017-6563- | 6 | 1 | Subdivision/Village | a property on the state of the second | Barangay |
| 1. PAG-IBIG ID NO. | 1700-9029-2103 | | | City/Municipality BA | 7 BAY | Province LSY |
| 2. PHILHEALTH NO. | 13-990064173-2 | ZIP CODE | | 21 | | |
| 3. SSS NO. | 06-1419409-6 | 19. TELEPHONE NO. | - | | | |
| 4. TIN NO. | 937-634-384 | 20. MOBILE NO. | 29 | 26862 | 2338 | |
| 5. AGENCY EMPLOYEE NO. | V000837 | 21. E-MAIL ADDRESS (if any) | , | | | |
| | | To the state of th | | | | |
| 2. SPOUSE'S SURNAME | M2N002A | | 23. NAME of C | CHILDREN (Write full name | e and list all) | DATE OF BIRTH (mm/do |
| FIRST NAME | MARINA | NA | ENUB | and a.m | ENDON W | 98/20/20 |
| MIDDLE NAME | GULAYAN | 10/13 | | | | 10/01/20 |
| OCCUPATION | PROCESS SERVER | Hrec | | | | 10/19/20 |
| EMPLOYER/BUSINESS NAME | MUNKUPAL TOIAL | | censs | 7 | | |
| BUSINESS ADDRESS | BBY BAY CITY, LB | | | | | |
| TELEPHONE NO. | 724 - 9/27 | | | | | 8-3 |
| 24. FATHER'S SURNAME | MENBORA | | | | | |
| FIRST NAME | PEPRO | N/A | | | | |
| MIDDLE NAME | VORDINA | | | | | |
| 25. MOTHER'S MAIDEN NAME | VICEAS | | | | | |
| SURNAME | MENDOZA | | | | | |
| | VERGENIA | | | | | |
| FIRST NAME | EBSAR | | | Continue | on separate sheet if ne | cessary) |
| MIDDLE NAME | - KOUND | | | | | |

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| ELEMENTARY | NAGA-NAGI BLEY. OCHOW, PALO, UBYTE | Primary Schrol | 1788 | 1981 | Graduated | 1991 | و مدو مر |
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| VOCATIONAL / TRADE COURSE | | | | | | | |
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SIGNATURE

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| i di | É | (Co | ntinue on separate shee | t if necessary) | | | | |
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| 28. INCLUSIVE DATES (mm/dd/yyyy) From To | POSITION 7 (Write in full/Do not | | | SENCY / OFFICE / COMPANY | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y/ N) |
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| 29. | NAME & ADDRESS OF O (Write in full | | INCLUSIV (mm/di | | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
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| | Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed, | supervision over you | in the Office, | YES 🗹 NO | |
|------------|--|--|--|--|---|
| | a. within the third degree? | = 1 10 | - | YES NO | |
| ŀ | b, within the fourth degree (for Local Government Unit - Care | er Employees)? | | If YES, give details: | 4 1 |
| 5 (| a. Have you ever been found guilty of any administrative offe | ense? | | YES NO | |
| | | | | If YES, give details: | |
| | b. Have you been criminally charged before any court? | | | YES NO | |
| | b. Have you been climinally charged belove any count | | | If YES, give details: | |
| | | | | Date Filed: Status of Case/s: | |
| 6 | Have you ever been convicted of any crime or violation of an | ny law, decree, ordina | ance or regulation | YFS NO | |
| | by any court or tribunal? | | | If YES, give details: | |
| | | | | YES NO | |
| | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector? | e following modes: re ad of term, finished co | signation, ontract or phased | If YES, give details: | |
| | a. Have you ever been a candidate in a national or local elec- | ction held within the l | ast year (except | | |
| | Barangay election)? | | | YESIT YES, give dans | |
| | b. Have you resigned from the government service during th last election to promote/actively campaign for a national or le | ocal candidate? | | YESIf YES, give Dalle | |
| 9. | Have you acquired the status of an immigrant or permanent | resident of another of | country? | If YES, give details (co | ountry): |
| 0. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), | gna Carta for Disable please answer the fo | ed Persons (RA Collowing items: | YES NO | |
| | Are you a member of any indigenous group? | | The state of the s | YES NO | |
| | Are you a person with disability? | | | If YES, please specify: YES ☑ NO | |
| | | | | If YES, please specify ID | No: |
| | Are you a solo parent? | | | If YES, please specify ID | No: |
| 11. | REFERENCES (Person not related by consanguintly or affinity to applicant | /appointee) | | If YES, please specify ID | No: |
| 11. | | ADDR | | TEL. NO. | ID picture taken within |
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| P | REFERENCES (Person not related by concangularly of affinity to applicant NAME PROT. ROSULO U FUERO OH. MA. CLEGPE TELITAMPE | ADDR CAPAZ HN. C. C. | BAYZ W | TEL. NO. | ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over |
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