

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	ORAÑO		
FIRST NAME	PAMELA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	POSAS		
3. DATE OF BIRTH (mm/dd/yyyy)	8/12/1975	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A PUROK ILANG ILANG House/Block/Lot No. Street N/A MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.5294	ZIP CODE	
8. WEIGHT (kg)	65.00		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A PUROK ILANG ILANG House/Block/Lot No. Street N/A MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	000625887640	ZIP CODE	6251
11. PAG-IBIG ID NO.	1210-1877-5083	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-050060519-8	20. MOBILE NO.	09084182998, 09167668828
13. SSS NO.	06-2588764-0	21. E-MAIL ADDRESS (if any)	pagel_060898@gmail.com, pagel_060898@yahoo.com
14. TIN NO.	919-072-246		
15. AGENCY EMPLOYEE NO.	V000785		

II. FAMILY BACKGROUND

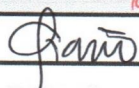
22. SPOUSE'S SURNAME	ORAÑO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANGELO	NAME EXTENSION (JR., SR) N/A	JUNE ANTONELLA POSAS ORAÑO	6/18/1999
MIDDLE NAME	PEDROSA		MARIELL NICOLE POSAS ORAÑO	10/11/2000
OCCUPATION	SEAFARER		PHOENIELOPE POSAS ORAÑO	12/11/2006
EMPLOYER/BUSINESS NAME	MICHAELMAR PHILIPPINES INC		MARTINA ANGELA POSAS ORAÑO	4/8/2013
BUSINESS ADDRESS	4723 Arellano Cor. Zobel Roxas Sts., Palanan, Makati City, Philippines Arellano Cor., Zobel Roxas St, Manila, 1235 Metro Manila		Nothing follows	
TELEPHONE NO.	(02) 4032480			
24. FATHER'S SURNAME	POSAS			
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	BAGARINAO			
25. MOTHER'S MAIDEN NAME	MARTINA GODINES BAGARINAO			
SURNAME	POSAS			
FIRST NAME	MARTINA			
MIDDLE NAME	BAGARINAO			

(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	Visca Foundation Elemntary School	N/A	1981	1988	N/A	1988	N/A
SECONDARY	Experimental Rural High School	N/A	1988	1992	N/A	1992	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State College of Agriculture	Bachelor of Science in Statistics	1992	1996	N/A	1996	N/A
GRADUATE STUDIES	Visayas State University	Master of Management major in Business Mgt	2014	2019	N/A	2019	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/30/19	CS FORM 212 (Revised 2017), Page 1 of 4
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (if Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CIVIL SERVICE PAPER AND PENCIL TEST (PROFESSIONAL EXA)	80.0	6/28/2007	MAASIN CITY		
* NOTHING FOLLOWS *						

(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)

SIGNATURE

DATE _____

7/30/19

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	KABALIKAT CIVICOM	2018	PRESENT		MEMBER
* NOTHING FOLLOWS *					

(Continue on separate sheet if necessary)

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Workshop in Preparation for the Level II AACUP accreditation of 7 degree programs.	June 18,2018	June 19,2018	16.0	TECHNICAL	Quality Assurance Center
	Orientation on ISO for Office Heads and Document Controller	May 3,2018	5/3/2018	8.0	TECHNICAL	Quality Assurance Center

* NOTHING FOLLOWS *

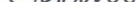
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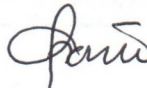

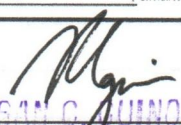
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	:	MEMBERSHIP IN
				:	ASSOCIATION/ORGANIZATION
				:	(Write in full)
	GARDENING		NONE		NONE
	LISTENING TO MUSIC				
	* NOTHING FOLLOWS *				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/30/19	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)?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>Date Filed: _____</div> <div>Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):</div>												
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>SULPECIO BANTUGAN</td><td>MARCOS, BAYBAY CITY, LEYTE</td><td>None</td></tr><tr><td>ALBERTO PARIS</td><td>MARCOS, BAYBAY CITY, LEYTE</td><td>None</td></tr><tr><td>REY NAVARRA</td><td>MARCOS, BAYBAY CITY, LEYTE</td><td>None</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	SULPECIO BANTUGAN	MARCOS, BAYBAY CITY, LEYTE	None	ALBERTO PARIS	MARCOS, BAYBAY CITY, LEYTE	None	REY NAVARRA	MARCOS, BAYBAY CITY, LEYTE	None
NAME	ADDRESS	TEL. NO.											
SULPECIO BANTUGAN	MARCOS, BAYBAY CITY, LEYTE	None											
ALBERTO PARIS	MARCOS, BAYBAY CITY, LEYTE	None											
REY NAVARRA	MARCOS, 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.													
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: Government Service Insurance System</div> <div>ID/License/Passport No.: 000-6258-8764-0</div> <div>Date/Place of Issuance: Not indicated</div>	<div><div></div><div>Signature (Sign inside the box)</div><div>7/20/19</div><div>Date Accomplished</div></div> <div><div></div><div>Right Thumbmark</div></div>												
SUBSCRIBED AND SWORN to before me this 30 JUL 2019, affiant exhibiting his/her validly issued government ID as indicated above.													
<div><div></div><div>ATTY. RYSAN C. GUINOCOR</div><div>Person Administering Oath</div></div>													