

PERSONAL DATA SHEET

WARNING: Any misrepresentation 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	QUIMCO		
FIRST NAME	NORJITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BONTIA		
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 07, 1966	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	CARMEN, CEBU	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines
7. HEIGHT (m)	1.83	House/Block/Lot No.	FARMER'S VILLAGE USM
8. WEIGHT (kg)	72 kg.	Subdivision/Village	VISCA BAYBAY CITY
9. BLOOD TYPE	O	City/Municipality	Province CEBU
10. GSIS ID NO.	3885123	ZIP CODE	6521-A
11. PAG-IBIG ID NO.	1700-0025-9187	18. PERMANENT ADDRESS	House/Block/Lot No. DSWIS Street
12. PHILHEALTH NO.	13-0000 15218-9	Subdivision/Village	CARMEN Barangay
13. SSS NO.	N/A	City/Municipality	CEBU Province
14. TIN NO.	006 626 574	ZIP CODE	6500
15. AGENCY EMPLOYEE NO.	000428	19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0917 634 1488
		21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	QUIMCO	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NIMFA	JAY LABRADOR QUIMCO SEPT. 17, 2003 DALE LABRADOR QUIMCO APRIL 20, 2006 MARK RONN LABRADOR QUIMCO FEB. 24, 2010	
MIDDLE NAME	LABRADOR		
OCCUPATION	HOUSEKEEPER		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	QUIMCO		
FIRST NAME	PACIENCIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TESAND		
25. MOTHER'S MAIDEN NAME			
SURNAME	BINTIA		
FIRST NAME	GENERISA		
MIDDLE NAME	PERALTA		
(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	
ELEMENTARY	Davis Elem. School	Primary Education	From 1972 To 1978		1978	N/A	
SECONDARY	Quirino Regional Institute of Fish. Technology	High School	1978 1985		1985	N/A	
VOCATIONAL / TRADE COURSE	Cebu State Coll. of Science & Tech. College of Indus. Tech.	Vocational Course	1988 1990		undergrad.	N/A	
COLLEGE	n/a						
GRADUATE STUDIES	n/a						
(Continue on separate sheet if necessary)							

SIGNATURE	DATE	4/25/17	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY					
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

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE							
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-00" INCREMENT)	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
010117	Present	Admin. Aide IV	Visayas State University	12,480.00		P	
020116	123116	Admin. Aide IV	Visayas State University	11,940.00		P	
010116	013116	Admin. Aide IV	Visayas State University	11,878.00		P	
010116		Admin. Aide IV	Visayas State University	11,658.00		P	
020113	123115	Admin. Aide IV	Visayas State University	11,181.00		P	
060112	013113	Admin. Aide III	Visayas State University	10,823.00		P	
072811	053112	Admin. Aide III	Visayas State University	10,113.00		P	
060111	072111	Admin. Aide III	Visayas State University	10,004.00		P	
062410	053111	Admin. Aide III	Visayas State University	9,820.00		P	
070109	062310	Admin. Aide III	Visayas State University	8,580.00		P	
072708	063009	Admin. Aide III	Visayas State University	7,868.00		P	
070108	072608	Admin. Aide III	Visayas State University	7,675.00		P	
070107	063008	Admin. Aide III	Visayas State University	6,977.00		P	
072805	063007	Admin. Aide III	Leyte State University	6,343.00		P	
120104	072705	Admin. Aide III	Leyte State University	6,189.00		P	
072802	113004	Driver I	Leyte State University	6,189.00		P	
070701	072702	Driver I	USCA Nat.	6,039.00		P	
010100	063001	Driver I	USCA Nat.	5,751.00		P	
072899	123199	Driver I	USCA Nat.	5,228.00		P	
010198	072799	Driver I	USCA Nat.	5,228.00		C	
010197	123197	Driver I	USCA Nat.	5,228.00		C	
010196	123196	Driver I	USCA Nat.	4,955.94		C	
070195	123195	Driver I	USCA Nat.	3,956.04		C	
010195	063095	Driver I	USCA Nat.	3,956.94		C	
010194	123194	Driver I	USCA Nat.	2,955.92		C	
070192	123193	Driver I	USCA Nat.	2,156.00		C	
010192	063092	Laborer I	USCA Nat.	1,999.08		C	
100190	123191	Laborer I	USCA Nat.	1,999.08		C	

(Continue on separate sheet if necessary)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN GOVERNMENT / 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		
	N/A				

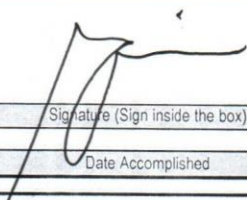
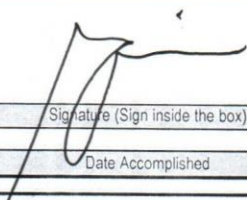
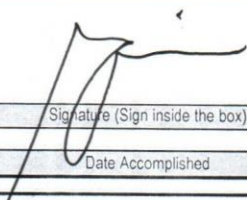






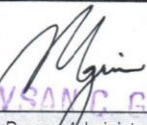
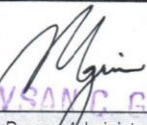
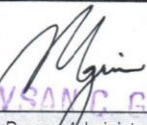
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED <i>(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)</i>	
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VII. OTHER INFORMATION	
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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Carpentry		
Basketball	n/a	n/a

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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Edgardo E. Tulin</td><td>ViSA Baybay City</td><td></td></tr><tr><td>Dr. Jose L. Bacusmo</td><td>ViSA Baybay City</td><td></td></tr><tr><td>Dr. Rhelo B. Capuno</td><td>ViSA Baybay City</td><td></td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	Dr. Edgardo E. Tulin	ViSA Baybay City		Dr. Jose L. Bacusmo	ViSA Baybay City		Dr. Rhelo B. Capuno	ViSA Baybay City		
NAME	ADDRESS	TEL. NO.											
Dr. Edgardo E. Tulin	ViSA Baybay City												
Dr. Jose L. Bacusmo	ViSA Baybay City												
Dr. Rhelo B. Capuno	ViSA Baybay City												
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.													
<table border="1"><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: <u>V003428</u></td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: <u>V003428</u>	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1"><tr><td> Signature (Sign inside the box)</td></tr><tr><td>_____ Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	_____ Date Accomplished						
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_____ Date Accomplished													
<table border="1"><tr><td> NORINTE G. GUINCO</td></tr><tr><td> Right Thumbmark</td></tr></table>		 NORINTE G. GUINCO	 Right Thumbmark										
 NORINTE G. GUINCO													
 Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>APR 26 2017</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYSANG GUINCO NOT. Person Administering Oath</td></tr></table>		 ATTY. RYSANG GUINCO NOT. Person Administering Oath											
 ATTY. RYSANG GUINCO NOT. Person Administering Oath													

NOT. DECEMBER 15, 2017
PTR DSR 1837 - BAYBAY CITY - 12/14/17
1841030821 - BAYBAY CITY - 12/19/16
MCLE COMP. NO. 1-000000 - 07/20/15
ROLL OF ATTORNEYS NO. 57467