

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	Piad		
FIRST NAME	Nony		NAME EXTENSION (JR., SR) Jr.
MIDDLE NAME	Faelnar		
3. DATE OF BIRTH (mm/dd/yyyy)	January 22, 1973	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay City	If holder of dual citizenship, please indicate the details.	Philippines
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 Brgy. Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.76	ZIP CODE	6521-A
8. WEIGHT (kg)	82		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Brgy. Pangasugan House/Block/Lot No. Street Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	NA	ZIP CODE	6521
11. PAG-IBIG ID NO.	NA		
12. PHILHEALTH NO.	19-089762084-0	19. TELEPHONE NO.	NA
13. SSS NO.	06-2321913-9	20. MOBILE NO.	09263177710
14. TIN NO.	939-649-018	21. E-MAIL ADDRESS (if any)	nonypiad1@gmail.com
15. AGENCY EMPLOYEE NO.	NA		


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Piad		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Gina	NAME EXTENSION (JR., SR)	Naomi Shayea B. Piad	December 15, 2002
MIDDLE NAME	Braga		Naveen Ony B. Piad	May 9, 2007
OCCUPATION	ATI Dormitory Aide		Neolle Adlyn B. Piad	January 20, 2012
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.	9269973650			
24. FATHER'S SURNAME	Piad			
FIRST NAME	Nony	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	Derequito			
25. MOTHER'S MAIDEN NAME	Erlinda Faelnar			
SURNAME	Piad			
FIRST NAME	Erlinda			
MIDDLE NAME	Faelnar		(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 Elementary School	Primary Education	1980	1986		1986	
SECONDARY	Experimental Rural High School	High School	1986	1990		1990	
VOCATIONAL / TRADE COURSE							
COLLEGE	University of Cebu	BS CUSTOMS ADMINISTRATION	1990	2001		2001	
GRADUATE STUDIES	NA						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07-22-15	CS FORM 212 (Revised 2017), Page 1 of 4
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## IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)

### VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	07-22-19	CS FORM 212 (Revised 2017), Page 3 of 4
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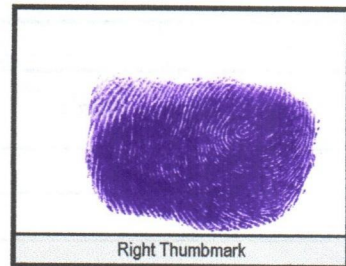
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<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 checked="" type="checkbox"/> YES <input 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 checked="" 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)		
NAME	ADDRESS	TEL. NO.
Dr. Vilma Patindol	ATI	9178628641
Gregorio Nunez	ATI	9064662601
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.		

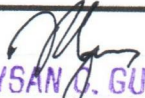


Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	Professional Drivers Licence
ID/License/Passport No.:	GO1-01-285508
Date/Place of Issuance:	01-21-2016 BAYBAY CITY, LEYTE

 Signature (Sign inside the box)
_____ Date Accomplished



SUBSCRIBED AND SWORN to before me this 29 JUL 2019, affiant exhibiting his/her validly issued government ID as indicated above.

 <b>ATTY. RYSAN C. GUINOCOR</b> VS/LEGAL OFFICER
_____ Person Administering Oath