

## 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	PARADERO		
FIRST NAME	ANGELITA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LARITA		
3. DATE OF BIRTH (mm/dd/yyyy)	09/04/1986	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Vallehermoso, Negros Oriental	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street VISCA Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.43m	ZIP CODE	6521
8. WEIGHT (kg)	45kg		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street Purok 4-A Culpapa Subdivision/Village Barangay Hinobaan Negros Occidental City/Municipality Province
10. GSIS ID NO.	21136513347	ZIP CODE	6114
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	170252429614		
13. SSS NO.		19. TELEPHONE NO.	none
14. TIN NO.	950-209-462	20. MOBILE NO.	09352696760
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	gel_vsu@yahoo.com

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	PARADERO			
FIRST NAME	EUGENIO	JR		
MIDDLE NAME	LAPIZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	LARITA			
FIRST NAME	MELODIA			
MIDDLE NAME	CABONAG			

(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	BENEJWAN ELEMENTARY SCHOOL		1993	1999		2000	Valedictorian
SECONDARY	CULIPAPA NATIONAL HIGH SCHOOL		2000	2003		2003	Salutattorian
VOCATIONAL / TRADE COURSE							
COLLEGE	LEYTE STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2003	2007		2007	Cum laude
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS OF MANAGEMMENT	2012	2016		2016	
	ATENEO DE DAVAO UNIVERSITY	DOCTOR OF BUSINESS ADMINISTRATION	2016	2019		2019	CHED K-12 Program Scholarship

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 15, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	---	------	---------------	---




[illegible]

V. WORK EXPERIENCE

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

[illegible]

SIGNATURE		DATE	July 15, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	---------------	---

8/2

July 15, 2019



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

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		

(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)

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			
	Community Savings and Loan Association: A World Vision Economic Development Project Model	6/29/19	6/29/18	4	Technical	DBM, VSU
	Financial Literacy	6/27/18	6/27/18	4	Technical	Ateneo de Davao University
	Business Planning Workshop	09/02/2016	11/02/2016	16	Technical	Heifer International
	k-12 Transition Program's Focused Group Discussion (FGD) and Feedback Session of the Accountancy, Business and Administration (ABM) and Media Information Literacy (MIL) Teaching	11/12/2015	11/12/2015	3	Technical	Commission on Higher Education (CHED)
	Training on Value Chain Analysis	23/10/2015	28/10/2015	35	Technical	PAKISAMA Foundation
	Training on Value Chain Analysis: A Market Driven Approach	01/09/2015	03/09/2015	24	Technical	Agricultural Training Institute (ATI)-8
	STATA Conference	24/08/2015	24/08/2015	8	Technical	Department of Economics-VSU
	Moving on with Responsiveness, Resilience and Relevance in the Changing Climate and Economy	11/03/2015	11/03/2015	2	Technical	College of Management and Economics, VSU
	Training on Banana and Ginger Production and Marketing	08/09/2014	10/09/2014	16	Technical	Agricultural Training Institute (ATI)-8
	Skills Training on Rootcrops Processing , Packaging and Marketing for PWDs	19/08/2014	21/08/2014	2	Technical	Agricultural Training Institute (ATI)-8
	Seminar on Intellectual Property Rights	06/04/2013	06/04/2013	2	Technical	College of Management and Economics, VSU
	Self-Awareness, Gender Sensitivity, Personality Development and Human Relation	27/10/2009	27/10/2009	16		Negros Occidental Scholarship Program

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 15, 2019	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	---	------	---------------	---



<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p>     <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>												
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>Dr. DANILO M. TE</td><td>DAVAO CITY</td><td>082-221-2411</td></tr><tr><td>Dr. ANTONIO P. ABAMO</td><td>VSU, BAYBAY CITY, LEYTE</td><td>053-335-7764</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. DANILO M. TE	DAVAO CITY	082-221-2411	Dr. ANTONIO P. ABAMO	VSU, BAYBAY CITY, LEYTE	053-335-7764			
NAME	ADDRESS	TEL. NO.											
Dr. DANILO M. TE	DAVAO CITY	082-221-2411											
Dr. ANTONIO P. ABAMO	VSU, BAYBAY CITY, LEYTE	053-335-7764											
<p>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.</p>													
<div style="border: 1px solid black; padding: 2px;"><p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p><p>PLEASE INDICATE ID Number and Date of Issuance</p><p>Government Issued ID:    <b>GSIS</b></p><p>ID/License/Passport No.:    <b>021136513347</b></p><p>Date/Place of Issuance:    <b>15 July 2014/DFA Cebu City</b></p></div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Signature (Sign inside the box)</p><p>July 15, 2019</p></div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Right Thumbmark</p></div>											
<p>SUBSCRIBED AND SWORN to before me this <u>JUL 16 2019</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"><p><b>ATTY. RYSAN C. GUINOCOR</b> VSU LEGAL OFFICER Person Administering Oath</p></div>													