

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.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ACILO		
FIRST NAME	VIRGILIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAJERIC		
3. DATE OF BIRTH	3/4/1962	16. CITIZENSHIP	<input type="checkbox"/> FILIPINO <input type="checkbox"/> DUAL CITIZENSHIP
4. PLACE OF BIRTH	BARANGAY HIGOLOAN BAYBAY CITY, LEYTE	Pls. indicate country:	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines	
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5'4"	House/Block/Lot No. Street	
8. WEIGHT (kg)	70 KG.	BARANGAY BUNGA	
9. BLOOD TYPE	"O"	Subdivision/Village Barangay	
10. GSIS ID NO.	CM-3880070	BAYBAY CITY LEYTE	
11. PAG-IBIG ID NO.	1700 0023 9214	City/Municipality Province	
12. PHILHEALTH NO.	13-000014908-0	18. PERMANENT ADDRESS	
13. SSS NO.	03-5975485-1	House/Block/Lot No. Street	
14. TIN NO.	116-622-433	BARANGAY BUNGA	
15. AGENCY EMPLOYEE NO.	V-000559	Subdivision/Village Barangay	
		BAYBAY CITY	
		City/Municipality Province	
		ZIP CODE 6521-A	
		19. TELEPHONE NO.	
		20. MOBILE NO. 09269848697	
		21. E-MAIL ADDRES (IF ANY)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LIBRES	23. NAME of CHILDREN (Write full name and list all)	
FIRST NAME	ANNALIE	1. HENRY FRANCIS P. ACILO	
MIDDLE NAME	GUARDADOS	2. VIRCILYN CAMELLE P. ACILO	
OCCUPATION	HOUSEKEEPER		
EMPLOYER/BUSINESS	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	ACILO		
FIRST NAME	VICENTE (DECEASED)		
MIDDLE NAME	LOGO		
25. MOTHER'S MAIDEN SURNAME	ACILO		
FIRST NAME	CAJERIC		
MIDDLE NAME	ZOSIMA (DECEASED)		
	VITALLA		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)
ELEMENTARY	BARANGAY BUNGA BAYBAY CITY, LEYTE	ELEMENTARY	1969 1975	PRIMARY EDUCATION
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1976 1980	HIGH SCHOOL
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	JUNIOR SECRETARIAL	1982 1987	VOCATIONAL
COLLEGE	N/A	N/A		N/A
GRADUATE STUDIES	N/A	N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE	VIRGILIO C. ACILO	6/18/2020	CS FORM 212 (Revised 2017). Page 1 of 4
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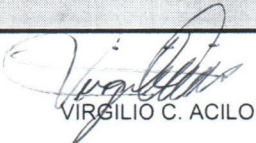

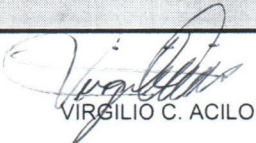

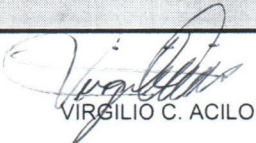







VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N / A	N / A	N / A	N / A	N / A	
(Continue on separate sheet if 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			
	1. VALUES ORIENTATION WORKSHOP (VOW)	4/24/1998	4/26/1998	8-HRS / DAY	PUBLIC RELATION	HRMDO
	2. CAREER AND PERSONALITY DEVELOPMENT FOR CLERKS AND OTHER ADMINISTRATIVE STAFF	5/21/2003	5/22/2003	8-HRS / DAY	PUBLIC RELATION	HRMDO
	3. COMPUTER TRAINING FOR EXCELL AND POWER POINT PROGRAM	10/28/2002	10/30/2003	8-HRS / DAY	TECHNICAL	DCST
	4. TRAINING ON OFFICE PRODUCTIVITY TOOLS	5/7/2007	5/11/2007	8-HRS / DAY	TECHNICAL	DCST
	5. FIRE CONSCIOUSNESS AN D PREPAREDNESS	2/27/2008	2/27/2008	8-HRS / DAY	TECHNICAL	HRMDO
	6. SEMINAR ON FIRE PREVENTION	9/21/2012	9/21/2012	8-HRS / DAY	TECHNICAL	SECURITY OFFICE
	7. SEMINAR-WORKSHOP ON 5S AND RECORDSS MANANGEMENT	2/18/2017	2/18/2017	8-HRS / DAY	TECHNICAL	COLLEGE OF ENGINEERING
	8. Re-Orientation on the 5S Internal Audit Requirements	6/22/2017	6/22/2017	8-HRS / DAY	TECHNICAL	VSU
	9. Records Management Training	7/6/2017	7/7/2017	8-HRS / DAY	TECHNICAL	VSU
	10. Target Setting Workshop	8/20/2018	8/21/2018	8-HRS / DAY	TECHNICAL	ODAHRD
(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)	
	1. DRIVING		N / A		1. VSU - AdPA	
	2. COOKING				2. LAY-EUCHARISTIC MINISTER	
	3. PLAYING CHESS BOARD				(ROMAN CATHOLIC CHURCH)	
	4. PLAYING BADMINTON					
	5. TABLE TENNIS					
(Continue on separate sheet if necessary)						
SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page		
VIRGILIO C. ACILO		6/18/2020				



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 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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>MARIA ROBERTA S. MIRAFLORE</td><td>BAYBAY CITY, LEYTE</td><td>N / A</td></tr><tr><td>DR. LOURDES B. CANO</td><td>BAYBAY CITY, LEYTE</td><td>N / A</td></tr><tr><td>DR. REMBERETO A. PATINDOL</td><td>VSU, VISCA BAYBAY CITY, LEYTE</td><td>N / A</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MARIA ROBERTA S. MIRAFLORE	BAYBAY CITY, LEYTE	N / A	DR. LOURDES B. CANO	BAYBAY CITY, LEYTE	N / A	DR. REMBERETO A. PATINDOL	VSU, VISCA BAYBAY CITY, LEYTE	N / A
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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><tr><td colspan="2">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:</td><td>V-000559</td></tr><tr><td>ID/License/Passport No.:</td><td>H03-04-001181</td></tr><tr><td>Date/Place of Issuance:</td><td>3/06/2019 BAYBAY CITY, LEYTE</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:	V-000559	ID/License/Passport No.:	H03-04-001181	Date/Place of Issuance:	3/06/2019 BAYBAY CITY, LEYTE	<table><tr><td> VIRGILIO C. ACILO</td><td rowspan="3"></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>June 18, 2020 Date Accomplished</td></tr></table>	 VIRGILIO C. ACILO		Signature (Sign inside the box)	June 18, 2020 Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>14 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. RYSAN C. GUINOCOR SULLEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>		ATTY. RYSAN C. GUINOCOR SULLEGAL OFFICER	Person Administering Oath										
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