

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	Guevarra		
FIRST NAME	Ritchie	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Fernandez		
3. DATE OF BIRTH (mm/dd/yyyy)	Feb. 02, 1982	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Baybay City Leyte	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization 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	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5'7"		House/Block/Lot No. Street
8. WEIGHT (kg)			Zone 6
9. BLOOD TYPE	O		Subdivision/Village Barangay Piasong
10. GSIS ID NO.	2005108202		City/Municipality Baybay Province Leyte
11. PAG-IBIG ID NO.	1080-0023-0424		ZIP CODE 6521
12. PHILHEALTH NO.	00-050104916-2	18. PERMANENT ADDRESS	
13. SSS NO.	00-7702535-9		House/Block/Lot No. Street
14. TIN NO.	466-741-449-000		Subdivision/Village Barangay Piasong
15. AGENCY EMPLOYEE NO.			City/Municipality Baybay Province Leyte
		19. TELEPHONE NO.	
		20. MOBILE NO.	090922100201
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Patombon	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Nesheryn		
MIDDLE NAME	Flor	NAME EXTENSION (JR., SR)	
OCCUPATION	House wife	Sheena Kenelle P. Guevarra	July 06, 2007
EMPLOYER/BUSINESS NAME		Frances Mary P. Guevarra	Dec. 06, 2016
BUSINESS ADDRESS	N/A		
TELEPHONE NO.			
24. FATHER'S SURNAME	Guevarra		
FIRST NAME	Rogelio	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Sanchez		
25. MOTHER'S MAIDEN NAME	Fernandez		
SURNAME	Guevarra		
FIRST NAME	Zenaida		
MIDDLE NAME	Jap		

(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	Hipusngo Elem. School		1988	1994		1994	
SECONDARY	Baybay National High School		1994	1998		1998	
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							


(Continue on separate sheet if necessary)

SIGNATURE		DATE	Jan. 07, 2019	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
	N/A			N/A		

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	Jun - 07, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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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		
	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)

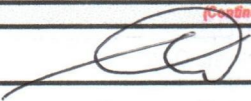
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Basic Marksmanship program	07-14-10	7-14-10	4HRS.		Golden eagle Gun club
	Re-training course	07-04-10	7-15-10	50 HRS.		Spencer Security training
	(Refresher training program)					Center Inc.
	marksmanship training	8-12-08	8-12-08	4hrs.		Tough Guys indoor Shooting
						range
	Security Services MCA	8-01-08	08-08-08	50 HRS.		Phoenix Guard force
						Academy Incorporated
	work attitude and Values enhancement	8-13-08	08-13-08			HRD - Philip Morris
						Manufacturing Inc.
	Customer Service	7-05-05	7-05-05			Eagle Matrix Security Agency
						Inc. Philip Morris MFG. INC.
	Fire Safety training	8-19-05	8-19-05			SFOI, Glenn Potlatchard
						Philip Morris MFG. INC.
	Drug abuse prevention and control	2-26-05	2-26-05	6HRS.		Philip Morris MFG. INC.
	Seminar					

(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)
	carpenter		N/A		Alpha Member administrative
	farming				personnel Asso.

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JAN. 07/2019	CS FORM 212 (Revised 2017), Page 3 of 4
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<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>Date Filed: _____</p> <p>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 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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: <u>Resignation from private sector.</u></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>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>Edgar Itade</td> <td>Brgy. Biasong Baybay City Leyte</td> <td></td> </tr> <tr> <td>Daniilo Vitualia</td> <td>Brgy. Biasong Baybay City Leyte</td> <td>N/A</td> </tr> <tr> <td>Allan Varren</td> <td>Brgy. Cabalasan Baybay City Leyte</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Edgar Itade	Brgy. Biasong Baybay City Leyte		Daniilo Vitualia	Brgy. Biasong Baybay City Leyte	N/A	Allan Varren	Brgy. Cabalasan Baybay City Leyte	
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Allan Varren	Brgy. Cabalasan Baybay City Leyte												
<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>													
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<p>SUBSCRIBED AND SWORN to before me this <u>FEB 04 2019</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> ATTY. RYAN C. GUINOCOR VSU LEGAL OFFICER </div>													