PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME BELYNONTO NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP Filipino Dual Citizenship JOLY 12, 1959 (mm/dd/yyyy) by birth by naturalization Pls. indicate country: BALL CITY If holder of dual citizenship, 4. PLACE OF BIRTH please indicate the details Philippiner V Female 5 SEX Married 17. RESIDENTIAL ADDRESS Single 6 CIVIL STATUS House/Block/Lot No.

BUY RKVL #W GK \\
Straticion/Village Widowed Separated Other/s: Barangay 1.71 CM 7. HEIGHT (m) ZIP CODE 86 Kg 8. WEIGHT (kg) 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No.

Street

Subdivision/Village

Barangai 10. GSIS ID NO. 590712022415 Sulbdivision Village
City/Municipality 11. PAG-IBIG ID NO. 1703-0024-2847 6521-A ZIP CODE 12. PHILHEALTH NO 13-0000 14482-8 04-3000321-5 19. TELEPHONE NO 13. SSS NO. 20 MOBILE NO. 09551582973 14 TIN NO 116-623-258 rudoe @ Jahos. com 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME BEIMONTO NAME EXTENSION (JR., SR) 84 86 LOVELLY MARIET FIRST NAME 1 no my 15 87 JKy H Run MIDDLE NAME 5WIWA 13 #/5) XDE 93 OCCUPATION 94 Rupy 65 10 EMPLOYER/BUSINESS NAME A/A **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME BELLINIE NAME EXTENSION (JR., SB) FIRST NAME DEUBTEID PECENERO MIDDLE NAME BESTUDIO MOTHER'S MAIDEN NAME MECHANTE #KSX SURNAME DECEASED VALUEZ FIRST NAME (Continue on separate sheet if necessary) MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE YEAR GRADUATED BASIC EDUCATION/DEGREE/COURSE ACADEMIC NAME OF SCHOOL UNITS EARNED LEVEL HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From 1974 Graduate ELEMENTARY HULKINGON ESTU SON 1971 pri mary 1996 1980 SECONDARY ERHS VISCA VOCATIONAL / TRADE COURSE CHIN, CEGN OTH 1981 1987 COLLEGE **GRADUATE STUDIES** 10 18 CS FORM 212 (Revised 2017), Page 1 of 4 10 SIGNATURE DATE

Marine State	RVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)	
BAF		ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	I LACE OF EXAMINA	ATION / CON LI	WILIVI	NUMBER	Date of Validity
3									
KATIBAKA NB KARA- NA			NA		NIA	i i		NA	MA
PAJAN	PATANG WARDLANG SA N/A				NA			N-A	NA
SERBISYD SIPIL				728,74 , 1993					
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			(Co	ntinue on separate sheet i	if necessary)				
	XPERIENCE								1
28. INCLU	SIVE DATES	nt. Start from your recen					SALARY/ JOB/ PAY	1	GOVT
	n/dd/yyyy)	POSITION TI (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To		1	. r of		12.50/00	INCREMENT	0	
AMILES	D FGB.92 VATZIMON/56		VISIA-	V50-550			С	Yes	
FEBD 93	APIL OG	F. F. / 150		117.1	cen	-			yes
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SIGNA	TURE	A Company	500	DATE	10/15/	18	CS FORM 2	12 (Revised 2017), I	Page 2 of 4
					1				

		ld/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
Vene		None To		Nane		
ARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING IN the most recent 1.5D training program and include only the relevant 1.5D training take		TENDED is for Division Ch		errol positions) Type of LD		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN (mm/dd	DANCE d/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
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Porms - 40m	Stole. 15	,2018	8		odd-Hem usu	
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THER INFORMATION	(Continue on separate s	heet if necessary)			
SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)	
icycling					A	
56						

34.	Are you related by consanguinity or affinity to the binting	g or recommending authority, or to the		
-	chief of bureau or office or to the person who has immediat	e cupervision over you in the Office		
	Bureau or Department where you will be apppointed,	e supervision over you in the office,		
	a. within the third degree?			
	b. within the fourth degree (for Local Government Unit - Ca	YES NO		
	b. Within the lourth degree (lot Local Government Offit - Ca	YES NO		
		If YES, give details:		
35.	a. Have you ever been found guilty of any administrative of	YES NO		
			If YES, give details:	
	b. Have you been criminally charged before any court?		YES NO	
	, and a sum of the good policy of the good to			
- 1			If YES, give details:	
			Date F	
			Status of Ca	ise/s:
36.	Have you ever been convicted of any crime or violation of a	YES NO		
	any court or tribunal?	If YES, give details:	<i>y</i> .	
			ii i Lo, give details.	
3/.	Have you ever been separated from the service in any of the	e following modes: resignation,	YES NO)
	retirement, dropped from the rolls, dismissal, termination, et	nd of term, finished contract or phased ou	If YES, give details:	
	(abolition) in the public or private sector?			11
38.	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	Dvrc D.	
	Barangay election)?		YES N	10
			If YES, give details:	7
	b. Have you resigned from the government service during the	ne three (3)-month period before the last	YES I	NO
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:	
39	Have you acquired the status of an immigrant or permanent	recident of another country?	7	The state of the s
00.	The second the states of all litting and of permanent	resident of another country?	☐ YES ☑ N	VO
			If YES, give details (count	ry):
				31
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ana 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?			
	, and group group.		YES Places and if	NO
b.	Are you a person with disability?		If YES, please specify:	/
	, and an another the second se		YES I	
C.	Are you a solo parent?		If YES, please specify ID No:	/
			YES I	
			If YES, please specify ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)		
	NAME			
		ADDRESS	TEL. NO.	
W	- VEWERANDS & JEST	gray ary	A m. a	
			None	6
42	I dealers and a self-th that the			
72.	I declare under oath that I have personally accomplished this	s Personal Data Sheet which is a true, co	rect and complete	
	statement pursuant to the provisions of pertinent laws, re	lles and regulations of the Popullia of	the Philippines I	
	authorize the agency head / authorized representative to v	verify/validate the contents stated herein	I cores that	
	misrepresentation made in this document and its attachme	ents shall cause the filing of administrati	ve/criminal case/s	
Distance of the last	agamot me.			
GOV	vernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	0 -		SAME AND AND ASSESSED.
	EASE INDICATE ID Number and Date of Issuance	18 W	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Gov	rernment Issued ID: VSJ ID			
ID/L	icense/Passport No.: V 2000 G7			
	100001	Signature (Sign inside the box	.//	
Date	e/Place of Issuance:	18/18/18		" Williams
_		/ Date Accomplished		Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	T 1 7 0010		
	SUBSCRIBED AND SWORN to before me this	T 1 7 2018 affiant exhibiti	ng his/her validly issued governme	ent ID as indicated above.
		1.		
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		ATTI AUGUM	_	
		ATTY. RYSAN C. GUINDOO	2	
		Person Administering Oath		