

# 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	ALBERIO		
FIRST NAME	FABIAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CRISTINO		
3. DATE OF BIRTH (mm/dd/yyyy)	JANUARY 20, 1956	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	DAYBAY LEYTE	If holder of dual citizenship, please indicate the details:	PHILIPPINES
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street BRGY. GAAS Subdivision/Village Barangay DAYBAY LEYTE City/Municipality Province
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:	ZIP CODE	6521
7. HEIGHT (m)	156.5 cm.	18. PERMANENT ADDRESS	House/Block/Lot No. Street BRGY. GAAS Subdivision/Village Barangay DAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	67 kg.	ZIP CODE	6521
9. BLOOD TYPE	"A"	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	56012003078	20. MOBILE NO.	09215200992
11. PAG-IBIG ID NO.	1700-0023-9760	21. E-MAIL ADDRESS (if any)	fabianalberio@gmail.com
12. PHILHEALTH NO.	13-000014918-8		
13. SSS NO.	N/A		
14. TIN NO.	104-766-394		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	ALBERIO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LETECIA	NAME EXTENSION (JR., SR)	BENJAMEN L. ALBERIO	OCT. 7, 1983
MIDDLE NAME	LAPASANDA		ELISTA L. ALBERIO	MAY 30, 1986
OCCUPATION	PRESS MAKER		NELSON L. ALBERIO	FEB. 10, 1989
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	09185089811			
24. FATHER'S SURNAME	ALBERIO			
FIRST NAME	POLICARPO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VARON			
25. MOTHER'S MAIDEN NAME				
SURNAME	CRISTINO			
FIRST NAME	REGINA			
MIDDLE NAME	PASTORIL			

(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	BRGY. GAAS ELEMENTARY SCHOOL	N/A	1963	1970	N/A	1970	2ND HONOR
SECONDARY	DAYBAY NATIONAL HIGH SCHOOL	N/A	1970	1974	N/A	1974	GRADUATED
VOCATIONAL / TRADE COURSE	CEBU STATE COLLEGE OF SCIENCE & TECHNOLOGY	RADIO AND TELEVISION MECHANIC	1974	1976	N/A	1976	GRADUATED
COLLEGE	CEBU TECHNICAL SCHOOL	G.R.C.O.	1978	1980	N/A	1980	GRADUATED
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 25, 2017	CS FORM 212 (Revised 2017), Page 1 of 4
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[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]

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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC OR 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		
	BRGY. GAAS FARMERS IRRIGATORS ASSOCIATION	2010	2015		PRESIDENT OF THE ASSOCIATION

(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 position)

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			
	SEMINAR ON LABEL KBP CODE OF CONDUCT NTC RULES & REGULATION BROADCAST PROGRAMING HELD AT LEYTE PARK HOTEL TACLOBAN CITY.	DEC. 10,	1994			FR. JOSEPH SUSON, SVD KBP PERFORMANCE OFFICER. DANIEL A. GENOTIVA KBP CHAIRMAN.
	VALUES ORIENTATION WORKSHOP (VOW) CONDUCTED BY HRMDD, VISCA BAYBAY LEYTE IN COOPERATION WITH THE CIVIL SERVICE COMMISSION ON SEPT. 1-3 1998			28 TRAINING HOURS		DALISAY C. SEVILLA REGIONAL DIRECTOR CSC, SAMUEL S. GO PRESIDENT VISCA.
	2003 PARTICIPATORY PLANNING WORKSHOP ON DYAC BROADCAST RE PROGRAMMING HELD AT THE DVPRE AV ROOM, LBU VISCA BAYBAY LEYTE. ON	APRIL 9,	2013			WOLFREDA T. ALESNA DIRECTOR RETDO. LUDITO V. RAMERIZ STATION MANAGER, DYAC.
	SEMINAR ON FIRE PREVENTION HELD AT THE CONVENTION CENTER.	MARCH	2012			VSU, VISCA BAYBAY CITY LEYTE JOSE BACUSHO PRESIDENT.
	DYAC PLANNING - WORKSHOP	JAN. 17-18	2008			CHRISTINA A. GABRILLO DYAC STATION MANAGER. JOSE BACUSHO PRESIDENT. VSU.

(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)
	TROUBLE SHOOTING CONSTRUCTION AND REPAIR ELECTRONIC EQUIPMENT.		DEPT. OF AGRICULTURE OFFICER MEMBER OF THE ASSOCIATION.		BRGY. GAAS FARMER'S IRRIGATORS ASSOCIATION.



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? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

b. Have you been criminally charged before any court? ☐ YES ☒ 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? ☐ YES ☒ 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? ☐ YES ☒ 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)? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

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? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country? ☐ YES ☒ 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? ☐ YES ☒ NO

If YES, please specify: \_\_\_\_\_

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: \_\_\_\_\_

c. Are you a solo parent? ☐ YES ☒ NO

If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
LEGARDO B. RAHOS	VSU BAYBAY LEYTE	09095241353
REY VALLEJERA DOSPOS	VSU BAYBAY LEYTE	09357346391

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: V000022

ID/License/Passport No.: 95-IPV111-13741

Date/Place of Issuance: 12/8/2016 NTC - TACLOBAN CITY

Signature (Sign inside the box)

APRIL 25, 2017

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

APR 26 2017

, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSON C. GUINOCOR

NOTARY Public

UNITED STATES OF AMERICA

DTR 0:9 5857 - P. BAYBAY LEYTE - 11/12/17

IBP 1030424 - TACLOBAN CITY - 12/19/16

MCLE COMP. NO. V-00000000-07'2016

ROLL OF ATTORNEYS NO. 57467