

CS Form No. 212  
Revised 2017

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 ( ) 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	PEDREGOSA		
FIRST NAME	ROSENDO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LUNGAY		
3. DATE OF BIRTH (mm/dd/yyyy)	4/10/1980	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		If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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:	17. RESIDENTIAL ADDRESS	223 A. BONIFACIO ST House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'9"	ZIP CODE	
8. WEIGHT (kg)	110lbs		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	223 A. BONIFACIO ST. House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	2005449021	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0897-0820		
12. PHILHEALTH NO.	13-000103511-9		
13. SSS NO.	33-65274222	19. TELEPHONE NO.	N/A
14. TIN NO.	400-2019-577	20. MOBILE NO.	N/A
15. AGENCY EMPLOYEE NO.	V01113	21. E-MAIL ADDRESS (if any)	N/A


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PEDREGOSA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	IME	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	LEGUA			
OCCUPATION	CASHIER			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	563-7191			
24. FATHER'S SURNAME	PEDREGOSA			
FIRST NAME	THOMAS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GALLARDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LUNGAY			
FIRST NAME	LOURDES			
MIDDLE NAME	DAPITON		(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	BAYBAY NORTH CENTRAL SCHOOL	PRIMARY	1990	1995		1995	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	1995	1999		1999	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ASSOCIATE IN COMPUTER SCIENCE			64 UNITS		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 6, 2021
-----------	---	------	-----------------

CS FORM 212 (Revised 2017), Page 1 of 4



#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	January 6, 2021
------------------	---	-------------	-----------------




[illegible]

#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING	CERTIFICATE OF RECOGNITION FROM BFP/BAYBAY ON OCTOBER 16, 2018	KNIGHTS OF COLUMBUS
FIRE FIGHTING	COMMENDATION FOR HAVING ACTIVELY PARTICIPATED IN FIRE OLYMPICS ON MARCH 31, 2018	
BASKETBALL		

SIGNATURE		DATE	January 6, 2021
-----------	---	------	-----------------

CS FORM 212 (Revised 2017), Page 3 of 3



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: _____

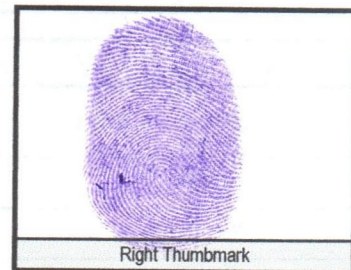
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
HON. RODULFO PALMA	BAYBAY CITY, LEYTE	
DR. LOURDES B. CANO	BAYBAY CITY, LEYTE	
MR. DANIEL AGUHA PACLA	ABUYOG, LEYTE	

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: DRIVER LICENSE
ID/License/Passport No.:
Date/Place of Issuance: AT BAYBAY CITY

Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this 17 FEB 2021, affiant exhibiting his/her validly issued government ID as indicated above.

