

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	VILLAS		
FIRST NAME	MICHAEL CARLO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CATCHARRO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/2/1985	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	TACLOBAN	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLK. 13, LOT 25 N/A House/Block/Lot No. Street NHA BARAS Subdivision/Village Barangay PALO LEYTE City/Municipality Province
7. HEIGHT (m)	159.5 M.	ZIP CODE	6501
8. WEIGHT (kg)	75 KG.	18. PERMANENT ADDRESS	BLK. 13, LOT 25 N/A House/Block/Lot No. Street NHA BARAS Subdivision/Village Barangay PALO LEYTE City/Municipality Province
9. BLOOD TYPE	A	ZIP CODE	6501
10. GSIS ID NO.	2002365862	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	80149828403	20. MOBILE NO.	09173041576
12. PHILHEALTH NO.	01-050343475-5	21. E-MAIL ADDRESS (if any)	myklivillas@yahoo.com
13. SSS NO.	N/A		
14. TIN NO.	245-906-991		
15. AGENCY EMPLOYEE NO.	V000843		

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	VILLAS		N/A	N/A
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	ACEBEDO		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	CATCHARRO		N/A	N/A
FIRST NAME	FLOR		N/A	N/A
MIDDLE NAME	TAYONI		(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	ST. THERESE CHILD DEVELOPMENT CENTER	N/A	1991	1998		1998	N/A
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	N/A	1998	2002		2002	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A					N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF ARTS IN COMMUNICATION	2002	2006		2006	N/A
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY/ UNIVERSITY OF THE PHILIPPINES-DILIMAN	MASTER IN ENGLISH/ PH.D. COMPARATIVE LITERATURE	2008	2012	36 UNITS	2012/ONGOING	N/A

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)

SIGNATURE	
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DATE	August 16, 2019
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

(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)

(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)

[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)
RESEARCH	N/A	KATIG WRITERS NETWORK, INC.
READING KNOWLEDGE IN SPANISH		

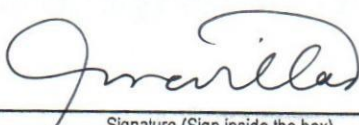
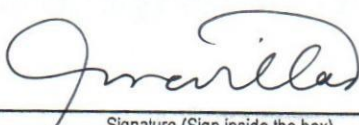


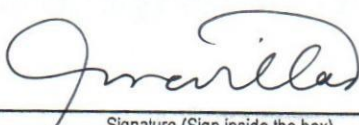

SIGNATURE		DATE	August 16, 2019	CS FORM 212 (Revised 2017), Page 3
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over 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)	 MICHAEL CRISPIN G. VILLAS												
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. MYRNA L. MACALINAO</td><td>LEYTE NORMAL UNIVERSITY</td><td>9998626856</td></tr><tr><td>PROF. EMERITUS MERLIE M. ALUNAN</td><td>UNIVERSITY OF THE PHILIPPINES</td><td>9272441758</td></tr><tr><td> </td><td> </td><td> </td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. MYRNA L. MACALINAO	LEYTE NORMAL UNIVERSITY	9998626856	PROF. EMERITUS MERLIE M. ALUNAN	UNIVERSITY OF THE PHILIPPINES	9272441758			
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PROF. EMERITUS MERLIE M. ALUNAN	UNIVERSITY OF THE PHILIPPINES	9272441758											
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>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: GSIS</td></tr><tr><td>ID/License/Passport No.: 006-0175-0334-5</td></tr><tr><td>Date/Place of Issuance: TACLOBAN CITY</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: GSIS	ID/License/Passport No.: 006-0175-0334-5	Date/Place of Issuance: TACLOBAN CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>08/16/2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	08/16/2019	Date Accomplished	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark
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SUBSCRIBED AND SWORN to before me this <u>02 SEP 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.	<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>Person Administering Oath</td></tr></table>		ATTY. RYSAN C. GUINOCOR	Person Administering Oath
				
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