

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	BERNALDEZ		
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	OLINAS		
3. DATE OF BIRTH (mm/dd/yyyy)	03/03/1981	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	PALALE, STA. MARGARITA, SAMAR	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
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	
7. HEIGHT (m)	1.55	ZIP CODE	House/Block/Lot No. Street MILAGRO
8. WEIGHT (kg)	63		Subdivision/Village Barangay ORMOC CITY LEYTE
9. BLOOD TYPE	O		City/Municipality Province 6541
10. GSIS ID NO.			
11. PAG-IBIG ID NO.		18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13- 050071350-0	ZIP CODE	House/Block/Lot No. Street MILAGRO
13. SSS NO.	0625165249		Subdivision/Village Barangay ORMOC CITY LEYTE
14. TIN NO.	946-083-758		City/Municipality Province 6541
15. AGENCY EMPLOYEE NO.			
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0927 974 3424
		21. E-MAIL ADDRESS (if any)	sammylanbern@gmail.com

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	BERNALDEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MELANNY	NAME EXTENSION (JR., SR)	NYSSA GAILLE A. BERNALDEZ	09/17/2011
MIDDLE NAME	ATANACIO		NYTHAN GABRIEL A. BERNALDEZ	05/06/2016
OCCUPATION	ELEMENTARY SCHOOL TEACHER			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF EDUCATION, ORMOC CITY DIVISION			
BUSINESS ADDRESS	DEPED, ORMOC CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BERNALDEZ			
FIRST NAME	SOFRONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PENASO			
25. MOTHER'S MAIDEN NAME	ELENA SANTIAGO OLINAS			
SURNAME	BERNALDEZ			
FIRST NAME	ELENA			
MIDDLE NAME	OLINAS			

(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	BASDIO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1988	1994	N/A	1994	SECOND HONORS
SECONDARY	GUINACOT BARANGAY HIGH SCHOOL	HIGH SCHOOL	1994	1998	N/A	1998	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	LEYTE STATE UNIVERSITY (LSU)	BACHELOR OF SCIENCE IN FORESTRY	1998	2003	N/A	2003	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY (VSU)	MASTER OF SCIENCE IN FORESTRY (CURRENT STUDENT)	2017	ON- GOING			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 1, 2018	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.

(Continue on separate sheet if necessary)				
SIGNATURE		DATE	AUGUST 1, 2018	CS FORM 212 (Revised 2017), Page 2 of 4

SIGNATURE

DATE _____

AUGUST 1, 2018

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)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A	N/A

SIGNATURE

DATE _____

AUGUST 1, 2018

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ END OF CONTRACT. I WAS A SUBSTITUTE INSTRUCTOR FOR TWO YEARS AT THE COLLEGE OF FORESTRY AND ENVIRONMENTAL SCIENCE, VSU FROM JUNE 1, 2011 UNTIL MAY 31, 2013.
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.
DENNIS P. PEQUE	PANGASUGAN, BAYBAY CITY, LEYTE	09277062843
EDUARDO O. MANGAOANG	VSU, VISCA, BAYBAY CITY, LEYTE	09173946866
ANATOLIO N. POLINAR	VSU, VISCA, BAYBAY CITY, LEYTE	09155008665
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.		



PHOTO


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'S LICENSE
ID/License/Passport No.:	H03-07-000079
Date/Place of Issuance:	01/08/2018 AT LTO ORMOC CITY

	
Signature (Sign inside the box)	
AUGUST 1, 2018	
Date Accomplished	



Right Thumbmark

SUBSCRIBED AND SWORN to before me this AUG 28 2018, affiant exhibiting his/her validly issued government ID as indicated above.

	
ATTY. RYAN C. GUINOCOR	
VSU LEGAL OFFICER	
Person Administering Oath	