

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	GONNY		
FIRST NAME	ARRAH MAE		NAME EXTENSION (JR., SR)
MIDDLE NAME	CUEVAS		
3. DATE OF BIRTH (mm/dd/yyyy)	08/31/1987	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Maybay City, Leyte	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.58 m	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	59.2 kgs.		Subdivision/Village Barangay
9. BLOOD TYPE	N/A		City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212-0543-6451	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-000109154-7	ZIP CODE	House/Block/Lot No. Street
13. SSS NO.	06-3474835-6		Subdivision/Village Barangay
14. TIN NO.	292-897-686		City/Municipality Province
15. AGENCY EMPLOYEE NO.	N/A		
19. TELEPHONE NO.	N/A	20. MOBILE NO.	09166210877
21. E-MAIL ADDRESS (if any)	arahmarc21@yahoo.com.ph		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GONNY		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DENNIS	NAME EXTENSION (JR., SR)	CHRIS ELDON ANTHONY C. GONNY	12/21/2011
MIDDLE NAME	GALVEZ			
OCCUPATION	UTILITY / MESSENGER			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	Visca Maybay City, Leyte			
TELEPHONE NO.	09351120659			
24. FATHER'S SURNAME	CALES			
FIRST NAME	MAURICIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PIOCO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUEVAS			
FIRST NAME	MIRABEL			
MIDDLE NAME	MARJAN			

(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	Hibunawan Elementary School	PRIMARY EDUCATION	1993	1999		1999	
SECONDARY	Maybay National High School	HIGH SCHOOL	1999	2003		2003	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	University of Southern Philippines Foundation	BACHELOR OF SCIENCE IN NURSING	2003	2009		2009	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	08/08	DATE	01-07-2019	CS FORM 212 (Revised 2017), Page 1 of 4
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[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.

28	INCLUSIVE DATES			SALARY/ JOB/ PAY		
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[illegible]

(Continue on separate sheet if necessary)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A				

(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 positions)

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			
	TOURISM ENTERPRISE INNOVATION AND SELF-REINVENTION TECHNIQUES: TOWARDS ACHIEVING QUALITY TOURISM SERVICES	09/14/17	09/15/17	16 HOURS		DEPARTMENT OF TOURISM BAYMAY CITY, CEBU
	GENDER SENSITIVITY TRAINING AND SEXUAL HARASSMENT ORIENTATION FOR FRONTLINE SERVICE PROVIDERS.	09/17/12	09/17/12	8 HOURS		VISayas STATE UNIVERSITY VISA BAYMAY CITY, CEBU
	IMPACT OF U.S. RETROGRESSION TO PHILIPPINE NURSES.	08/08/08	08/08/08	8 HOURS		UNIVERSITY OF SOUTHERN PHILIPPINES FOUNDATION, COLLEGE OF NURSING
	5th SCIENTIFIC LECTURE "ARABES AEGYPTI": WITH ME NOT.	02/12/08	02/12/08	8 HOURS		UNIVERSITY OF SOUTHERN PHILIPPINES FOUNDATION, COLLEGE OF NURSING NURSES ALUMNI ASSOCIATION

(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)
	WATNESS / SEWING		N/A		N/A
	PRINT DESK				
	COMPUTER LITERACY				

(Continue on separate sheet if necessary)

SIGNATURE

agob

DATE

01-07-2019

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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ 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)?

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:

☐ 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?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:


☐ YES☒ NO

If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
JOSEFINA M. LAROLSA	Almudena, WMC	09272289749
MILMA C. OLIVERAS	General Malabay COT, WMC	0996 813 5002
RIZAL R. TANANG	ANABALURC Baybay COT, WMC	09755957092

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.



ARRAH MAE C. GODOY


Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:	PAG-1019
ID/License/Passport No.:	122 - 0543 - 6451
Date/Place of Issuance:	JULY 2017

Signature (Sign inside the box)

01-07-2019

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

JAN 22 2019

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

ATTY. RYSAN C. GUINOCOR

VS LEGAL OFFICER

Person Administering Oath

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: January 03, 2011 - Present
- Position: Food Service Supervisor I
- Name of Office/Unit: VSU Guesthouse & Pavilion
- Immediate Supervisor: Josefina M. Larrosa
- Name of Agency/Organization and Location: VSU Guesthouse & Pavilion
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Accepts food orders/reservations/bookings, prepares payroll, replenishments/payments to suppliers, job orders/requests/trip tickets and purchase requests. Prepares financial report, prepares weekly schedule of bookings, prepares billings and vouchers. Front-desk In-charge.

ARMAH MATE C. GONZALEZ

(Signature over Printed Name
of Employee/Applicant)

Date: January 07, 2019