

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	ALMERODA		
FIRST NAME	VERONICO		NAME EXTENSION (JR., SR)
MIDDLE NAME	BINGALAN		
3. DATE OF BIRTH (mm/dd/yyyy)	30/03/1959	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input 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)	1.56"	House/Block/Lot No.	Street
8. WEIGHT (kg)	64.5	Subdivision/Village	PATAG
9. BLOOD TYPE	"O"	City/Municipality	Barangay
10. GSIS ID NO.	000-3698-2064-6	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-4230-4594	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-000103004-4	House/Block/Lot No.	Street
13. SSS NO.	03-6982064-6	Subdivision/Village	PATAG
14. TIN NO.	937-624-698	City/Municipality	Barangay
15. AGENCY EMPLOYEE NO.	V00874	ZIP CODE	6521-A
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09362600060
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALMERODA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANNABEL	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	PACULANANG			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ALMERODA			
FIRST NAME	CRISOLOGO	SR		
MIDDLE NAME	DIAZ			
25. MOTHER'S MAIDEN NAME	ISRAEL			
SURNAME	ALMERODA			
FIRST NAME	EUSEBIA			
MIDDLE NAME	BINGALAN			

(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	GABAS CENTRAL ELEMENTARY SCHOOL	BASIC EDUCATION	1996	1972		1972	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCATION	1976	1980		1980	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	FOREST RANGER CERTIFICATE	1987	1990		1990	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE

DATE

May 12, 2020

[illegible]


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE
 6. List previous employment. Start from your recent work. Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from our recent work.)

[illegible]

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	May 12, 2020

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

[illegible]

(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)

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 12, 2020
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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?
☐ 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	GEL. NO.
Dr. Anabella B. Tulin	Visca, Baybay City, Leyte	9150727521
Dr. Editha G. Cagasan	Visca, Baybay City, Leyte	9155913358
Dr. Beatriz S. Belonias	Visca, Baybay City, Leyte	9322497436

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.)

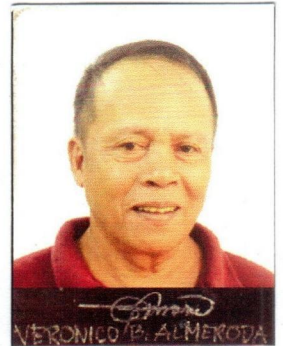
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH ID


ID/License/Passport No.: 13-000103004-4

Date/Place of Issuance: Baybay City, Leyte


Signature (Sign inside the box)
5/12/2020
Date Accomplished



SUBSCRIBED AND SWORN to before me this 30 JUN 2020, affiant exhibiting his/her validly issued government ID as indicated above.


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