

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 () 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	MANAGBANAG		
FIRST NAME	ARCHIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAGARINAO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/18/1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, 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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	Purok 4
7. HEIGHT (m)	178M	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	90KG		Subdivision/Village Pangasugan
9. BLOOD TYPE	O		Baybay Baybay
10. GSIS ID NO.	N/A		City/Municipality Leyte
11. PAG-IBIG ID NO.	1212-0870-4149	18. PERMANENT ADDRESS	Province
12. PHILHEALTH NO.	13-000104969-1		House/Block/Lot No. Purok 4
13. SSS NO.	N/A	19. TELEPHONE NO.	Street
14. TIN NO.	948-714-461		Subdivision/Village Pangasugan
15. AGENCY EMPLOYEE NO.	N/A		Baybay Baybay
			City/Municipality Leyte
		20. MOBILE NO.	Province
		21. E-MAIL ADDRESS (if any)	6521-A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MARANGUIT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JESEL	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	MOCORRO		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	MANAGBANAG		N/A	N/A
FIRST NAME	FELICIANO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	PAMAN		N/A	N/A
25. MOTHER'S MAIDEN NAME	BAGARINAO		N/A	N/A
SURNAME	MANAGBANAG		N/A	N/A
FIRST NAME	FLORITA		N/A	N/A
MIDDLE NAME	NAYRE		(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
ELEMENTARY	PANGASUGAN ELEMENTARY SCHOOL	N/A	1989 1994	GRADUATE	1994	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	1994 1998	GRADUATE	1998	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	N/A	1998 1999	1ST YEAR		N/A
GRADUATE STUDIES	N/A	N/A	N/A N/A	N/A	N/A	N/A

SIGNATURE


DATE

01/09/2021

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

[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	01 / 04 / 2021

SIGNATURE

DATE _____

01 / 04 / 2021

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	GHAMMA KAPPA RHO ORGANIZATION	2000	PRESENT	N/A	MEMBER

(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			
	FIRETRUCK OPERATOR	12/6/2019	12/6/2019	8 HOURS	TECHNICAL	BAYBAY CITY FIRE STATION
	RE-TRAINING/REFRESHER COURSE (CTC)	12/6/2018	12/11/2018	48 HOURS	TECHNICAL	JVO DYNAMIC SECUIRTY TRAINING ACADEMY, INC.
	IN SERVICE ENHANCEMENT SECURITY TRAINING COURSE	12/3/2018	12/4/2018	16 HOURS	TECHNICAL	JVO DYNAMIC SECUIRTY TRAINING ACADEMY, INC.
	FIREFIGHTING AND RESCUE TRAINING	11/5/2018	11/9/2018	40 HOURS	TECHNICAL	BAYBAY CITY FIRE STATION

(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)
	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/09/2021
-----------	---	------	------------

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
JESSEL M. MANAGBANAG		BRGY. PANGASUGAN BAYBAY
		TEL. NO.
		09973511313
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		 Signature (Sign inside the box) 01-09-2021 Date Accomplished
Government Issued ID: DRIVER'S LICENSE		
ID/License/Passport No.: H02-04-002166		
Date/Place of Issuance: 9/18/2017		
		 Right Thumbmark
SUBSCRIBED AND SWORN to before me this 17 FEB 2021, affiant exhibiting his/her validly issued government ID as indicated above.		
 ATTY. RYSAN G. GUINOCOR VSU Chief Legal Officer Person Administering Oath		



ARCHIE B. MANAGBANAG



Right Thumbmark