

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with * ☒ and use separate sheet if necessary. 1. CS ID No. (to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	BAGARINAO		
FIRST NAME	RAUL		
MIDDLE NAME	TOLERO		3. NAME EXTENSION (e.g. Jr., Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	04/06/71	16. RESIDENTIAL ADDRESS	Brgy. Marcos, Baybay city Leyte
5. PLACE OF BIRTH	Baybay city, Leyte	ZIP CODE	6521-A
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.	
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify	18. PERMANENT ADDRESS	Brgy. Marcos, Baybay city, Leyte
8. CITIZENSHIP	Filipino	ZIP CODE	6521-A
9. HEIGHT (m)	1.67m	19. TELEPHONE NO.	
10. WEIGHT (kg)	54 kg	20. E-MAIL ADDRESS (if any)	
11. BLOOD TYPE	O+	21. CELLPHONE NO. (if any)	
12. GSIS ID NO.	021-1326-8527-9	22. AGENCY EMPLOYEE NO.	V000732
13. PAG-IBIG ID NO.	9131-9709-3228	23. TIN	930-225-642
14. PHILHEALTH NO.	13-000163048-6		
15. SSS NO.			

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	Bacud	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Jemelyn	Bagarinas B. Jermalyn	02/19/2001
MIDDLE NAME	Alburo	Bagarinas B. Jerald	06/04/2002
OCCUPATION	House wife	Bagarinas B. Renalyn	06/10/2004
EMPLOYER/BUS. NAME		Bagarinas B. Jarius	02/02/2008
BUSINESS ADDRESS		Bagarinas B. ZAljon	08/15/2010
TELEPHONE NO.		Bagarinas B. Rhiana	10/14/2011
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	Bagarinas		
FIRST NAME	Vicente		
MIDDLE NAME	Varon		
27. MOTHER'S MAIDEN NAME			
SURNAME	Tolero		
FIRST NAME	Roseta		
MIDDLE NAME	Ma/o		
(Continue on separate sheet if necessary)			

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	Brgy. Pangasugan ele. school		1983		1977	1983	
SECONDARY	Bunq, Brgy, Highsch.		1993		1989	1993	
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE
	B.A					

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
From	To						
1 / 15 / 96	12 / 31 / 99	welder	tyakat const.	4,500			
6 / 15 / 2000	9 / 30 / 07	laborer	Phil. root crop.	4,000		JO	yes
10 / 1 / 08	12 / 31 / 11	utility	OP	5,280		JO	yes
11 / 01 / 12	12 / 31 / 12	Adm - Aide 1	OP	7,575.4		casual	yes
01 / 01 / 13	12 / 31 / 13	Adm - Aide 1	OP	7,575.4		casual	yes
7 / 01 / 13	12 / 31 / 14	Adm - Aide 1	OP	9,000		Regular	yes
1 / 01 / 14	12 / 31 / 15	Adm - Aide 1	OP	9,000		Regular	yes
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						
1 / 1	1 / 1						

(Continue on separate sheet if necessary)

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

31.	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. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
	N. A	/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	<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:
37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense?	<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:
38. 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:
39. 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, AWOL or phased out, in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:
40. Have you ever been a candidate in a national or local election (except Barangay election)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:
41. 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 differently abled? 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: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____

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

NAME	ADDRESS	TEL. NO.
prof. Daniel Tudtud	RISU	
prof. Alan B. Loreto	USU	
Oscar B. Posas	Brgy Marcos	

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.



1211450484
COMMUNITY TAX CERTIFICATE NO.
city of Baybay
ISSUED AT
1 130 115
ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)
9/20/15
DATE ACCOMPLISHED

RIGHT THUMBMARK