

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	GRAVADOR		
FIRST NAME	MERLE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NARIO		
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 10,1959	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	TACLOBAN CITY	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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT 68 KILBOURNE House/Block/Lot No. Street VSU PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	5'3	ZIP CODE	6521
8. WEIGHT (kg)	55 KG.	18. PERMANENT ADDRESS	AREA-6 MANLURIP, SAN JOSE House/Block/Lot No. Street 84 Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
9. BLOOD TYPE	"O"	ZIP CODE	6500
10. GSIS ID NO.	59051002941	19. TELEPHONE NO.	053-563-7323 (OFFICE)
11. PAG-IBIG ID NO.	1700-0026-9244	20. MOBILE NO.	09268403954
12. PHILHEALTH NO.	13-000015305-3	21. E-MAIL ADDRESS (if any)	Mngravad@yahoo.com
13. SSS NO.	N.A.		
14. TIN NO.	917-640-609		
15. AGENCY EMPLOYEE NO.	VOO609		

II. FAMILY BACKGROUND

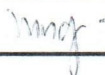
22. SPOUSE'S SURNAME	GRAVADOR		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MIGUEL	NAME EXTENSION (JR., SR)	ERWIN ROMMEL N. GRAVADOR	9/2/1980
MIDDLE NAME	GALANZA		EDWARD N. GRAVADOR	4/29/1982
OCCUPATION	DRIVER		MIGUEL N. GRAVADOR	5/24/1983
EMPLOYER/BUSINESS NAME	SELF-EMPLOYED		LJZ N. GRAVADOR	7/16/1988
BUSINESS ADDRESS	N.A.			
TELEPHONE NO.	N.A.			
24. FATHER'S SURNAME	NARIO			
FIRST NAME	FLORO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GASPAY			
25. MOTHER'S MAIDEN NAME	MILLANO			
SURNAME	NARIO			
FIRST NAME	TRINIDAD			
MIDDLE NAME	GASPANG			

(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	SAN FERNANDO CENTRAL SCHOOL	PRIMARY EDUCATION	1966	1971			DIPLOMA
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	1971	1974			DIPLOMA
VOCATIONAL / TRADE COURSE	N.A.	N.A.					N.A.
COLLEGE	LEYTE COLLEGES	SECRETARIAL	1978	1979	32 UNITS		N.A.
GRADUATE STUDIES	N.A.						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/3/19	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible][illegible]

(Continue on separate sheet if necessary)

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1/3/19



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(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

(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)

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


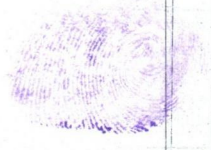
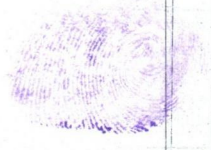
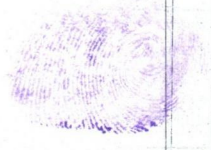
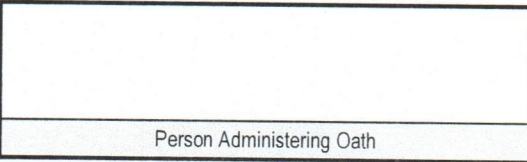
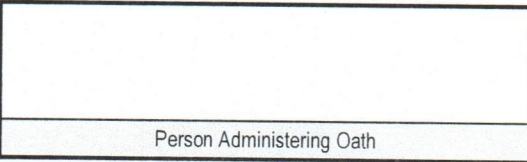
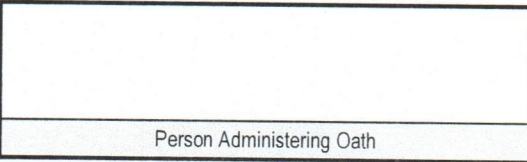
## VIII. OTHER INFORMATION

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(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	1/3/18	CS FORM 212 (Revised 2017), Page 3 of 4
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input 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)																	
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>TERESITA L. QUIÑANOLA</td><td>BAYABY CITY, LEYTE</td><td>563-7323</td></tr><tr><td>DR. LOURDES B. CANO</td><td>BAYABY CITY, LEYTE</td><td>563-7643</td></tr><tr><td>DR. MYRNA M. AVILA</td><td>VSU, BAYABY CITY, LEYTE</td><td>563-7485</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	TERESITA L. QUIÑANOLA	BAYABY CITY, LEYTE	563-7323	DR. LOURDES B. CANO	BAYABY CITY, LEYTE	563-7643	DR. MYRNA M. AVILA	VSU, BAYABY CITY, LEYTE	563-7485				
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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.																	
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>VOO609</td></tr><tr><td>ID/License/Passport No.:</td><td>ID</td></tr><tr><td>Date/Place of Issuance:</td><td>VSU, BAYABY</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	VOO609	ID/License/Passport No.:	ID	Date/Place of Issuance:	VSU, BAYABY	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">1/3/17</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		1/3/17		Date Accomplished	
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																	
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