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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. **GRAVADOR** 2 SURNAME NAME EXTENSION (JR., SR) MERLE FIRST NAME MIDDLE NAME **NARIO** 3. DATE OF BIRTH 16. CITIZENSHIP MAY 10.1959 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: 4. PLACE OF BIRTH TACLOBAN CITY If holder of dual citizenship. please indicate the details. ✓ Female 5. SEX Male **APARTMENT 68** KII BOURNE ✓ Married 17. RESIDENTIAL ADDRESS Single 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated PANGASUGAN VSU Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 5'3 7. HEIGHT (m) Province City/Municipality 6521 ZIP CODE 8. WEIGHT (kg) 55 KG. AREA-6 MANLURIP, SAN JOSE 18. PERMANENT ADDRESS "0" 9. BLOOD TYPE House/Block/Lot No 84 10. GSIS ID NO 59051002941 Barangay Subdivision/Village LEYTE TACLOBAN CITY 1700-0026-9244 11. PAG-IBIG ID NO City/Municipality ZIP CODE 6500 13-000015305-3 12. PHILHEALTH NO 053-563-7323 (OFFICE) N.A. 13. SSS NO. 19. TELEPHONE NO 14. TIN NO. 917-640-609 20. MOBILE NO. 09268403954 Mngravad@.yahoo.com 15. AGENCY EMPLOYEE NO. VO0609 21. E-MAIL ADDRESS (if any) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME **GRAVADOR** 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) ERWIN ROMMEL N. GRAVADOR 9/2/1980 MIGUEL FIRST NAME EDWARD N. GRAVADOR 4/29/1982 GALANZA MIDDLE NAME MIGUEL N. GRAVADOR 5/24/1983 DRIVER OCCUPATION LUZ N. GRAVADOR 7/16/1988 EMPLOYER/BUSINESS NAME SELF-EMPLOYED **BUSINESS ADDRESS** N.A N.A. TELEPHONE NO. 24. FATHER'S SURNAME **NARIO** NAME EXTENSION (JR., SR) **FLORO** FIRST NAME GASPAY MIDDLE NAME **MILLANO** 25. MOTHER'S MAIDEN NAME **NARIO** SURNAME TRINIDAD FIRST NAME (Continue on separate sheet if necessary) MIDDLE NAME **GASPANG** SCHOLARSHIP HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL GRADUATED (Write in full) (Write in full) HONORS (if not graduated) RECEIVED From То PRIMARY EDUCATION DIPLOMA SAN FERNANDO CENTRAL SCHOOL 1966 1971 ELEMENTARY LEYTE NATIONAL HIGH SCHOOL SECONDARY EDUCATION 1971 1974 DIPLOMA SECONDARY VOCATIONAL / N.A N.A. N.A TRADE COURSE LEYTE COLLEGES SECRETARIAL N.A. 1978 1979 32 UNITS COLLEGE N.A. GRADUATE STUDIES 19 SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4 mor

7. CARE	CDECIAL LAWC/CEC/CCEE		RATING		PLACE OF EXAMINA	TION / CONFER	RMENT	LICENSE (if a	pplicable) Date of	
BA	BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable) EXAMINATION / CONFERMENT		PLACE OF EXAMINATION / CONFERMENT			NUMBER	Validity	
	N.A.		N.A.	N.A.	N.A. N.A				1	
								116.7		
									181.78	
			(Coi	ntinue on separate sheet i	f necessary)					
WORK	EXPERIENCE									
	LUSIVE DATES mm/dd/yyyy)	POSITION T			NCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То	(Write in full/Do not	abbreviate)	ì	Do not abbreviate)	ONLANT	(Format "00-0")/ INCREMENT		(Y/N)	
1/2019	PRESENT	ADM.AIDI				13,913.00/M		CASUAL	GOV'	
1/2018	12/31/2018	ADM.AID			RPEO	11,386.98/M		CASUAL	GOV'	
1/2017	12/31/2017	ADM.AID			RPEO	11,386.98/M		CASUAL	GOV'	
1/2016	12/31/2016	ADM.AID		PRPEO		10,882.96/M		CASUAL	GOV'	
1/2014	12/31/2015	ADM.AID		PRPEO		10,400.94/M		CASUAL	GOV"	
11/2013	12/31/2013	ADM.AID		PRPEO		9,628.08/M		CASUAL	GOV"	
/1/2012	6/30/2013	ADM.AID		PRPEO		8,853.90/M		CASUAL	GOV"	
/1/2011	3/31/2012	ADM.AIDE I		PRPEO		7,575.04/M		CASUAL	GOV'	
/1/2010	12/31/2010	ADM.AID		PRPEO		6,862.02/M		CASUAL	GOV'	
/1/2008	12/31/2009	ADM.AID		PRPEO		6,149.00/M		CASUAL	GOV'	
/1/2007	6/30/2008	ADM.AID		PRPEO		5,589.98/M		CASUAL	GOV'	
/1/2004	6/30/2007	ADM.AID			RPEO	5,082.00/M		CASUAL	GOV'	
/1/2004	2/29/2004	UTILITY WO		PRPEO		5,082.00/M		CASUAL	GOV"	
/1/2002	12/31/2003	UTILITY WO		-	RPEO	5,082.00/M		CASUAL	GOV'	
/1/2001	12/31/2001	UTILITY WORKER		PRPEO		5,082.00/M		CASUAL	GOV"	
/1/2000	6/30/2001	UTILITY WO		-	RPEO	4,840.00/M		CASUAL	GOV"	
//1/1999	12/31/1999	UTILITY WO		PRPEO		4,400.00/M		CASUAL	GOV"	
115/1999	6/30/1999	UTILITY WO	RKER	F	RPEO	4,400.00/M		CASUAL	GOV"	
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Physical Co.										
ing at			(C	ontinue on separate sheet	if necessary)					
SIGNATURE		M.	iox.	DATE	1/3/19		CS FORM	212 (Revised 2017)	, Page 2 of	

29. NAME & ADDRESS OF (Write in f	ORGANIZATION		SIVE DATES /dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
£ (************************************	uii)	From	То			T GOTTON TOTAL OF WORK	
N.A.		N.A.	N.A.	N.A.	N.A.		
	#						
		(Continue on sep					
VII. LEARNING AND DEVELOPMENT						isitions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED	DBY
		From	To		Supervisory/ Technical/etc)	(Write in full)	
ENHANCEMENT SEMINAR -WORKSHOP(ISO 9	0001:2015)	3/2/2017	3/3/2017			VSU,CCE BUILDING	
5'S & RECORDS MANAGEMENT		2/18/2017				VSU,CCE BUILDING	
FULL AWARENESS TRAINING COURSE (ISO 9		3/2/2017	1/27/2017			VSU,CCE BUILDING	
INDIVIDUAL WORK INSTRUCTION IN PREPARENT	ARATION ISO ACCREDITATION	4/23/2015	4/24/2015			VSU,CEBU OFFICE	
PERSONALITY DEV.SEMINAR FOR FRONTLIN		9/20/2012				VSU,CCE BUILDING	
PERSONALITY DEV.SEMINAR FOR FRONTLIN	ERS	9/20/2012				VSU,CCE BUILDING	1
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VIII. OTHER INFORMATION		(Continue on ser	parate sheet if nee	cessary)			
	T N	ION-ACADEMIC D	ISTINCTIONS / RE	ECOGNITION		MEMBERSHIP IN ASSOCIATION/O	DRGANIZATI
31. SPECIAL SKILLS and HOBBIES	32.		(Write in full)			33. (Write in full)	
N.A.	1		N.A.			N.A.	
		(Continue on sep	parate sheet if ned	cessary)			
SIGNATURE	Things-		DATE	1/3/10		CS FORM 212 (Revised 201	17). Page 3

	chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,	e supervision over you in the Office,		•	
	a. within the third degree?			3	
	b. within the fourth degree (for Local Government Unit - Car	oor Employage)?	☐ YES ☑ NO		
	b. Within the fourth degree (for Local Government Onit - Cal	eer Employees)?	YES NO		
			If YES, give details:		
35.	a. Have you ever been found guilty of any administrative off	ense?	☐ YES ☑ NO		
			If YES, give details:		
	b. Have you been criminally charged before any court?		YES V NO If YES, give details:		
			Date	Filed:	
			Status of Ca	-	
36.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	by YES V NC)	
	any court or tribunal?		If YES, give details:		
37.	Have you ever been separated from the service in any of the	e following modes: resignation.	YES V NO		
	retirement, dropped from the rolls, dismissal, termination, er (abolition) in the public or private sector?	yes V No lf YES, give details:	,		
88.	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	YES V	10	
	Barangay election)?		If YES, give details:	10	
	b. Have you resigned from the government service during the			NO	
10	election to promote/actively campaign for a national or local		If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	YES I		,
			If YES, give details (coun	try):	
0.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA			
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:			
а.	Are you a member of any indigenous group?	☐ YES ☐ ☐ If YES, please specify:	VO		
b.	Are you a person with disability?	YES V	NO ON		
C.	Are you a solo parent?		If YES, please specify ID No		
	7.10 you a colo parsin.		☐ YES ☑ If YES, please specify ID No	10	
1.	REFERENCES (Person not related by consanguinity or affinity to applican	(appointee)			
	NAME	ADDRESS	TEL. NO.		4
	TERESITA L.QUIÑANOLA	BAYABY CITY,LEYTE	563-7323		
	DR.LOURDES B.CANO	BAYABY CITY, LEYTE	563-7643		
	DR.MYRNA M. AVILA	VSU,BAYBAY CITY,LEYTE	563-7485		
2.	DR.MYRNA M. AVILA I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, reauthorize the agency head / authorized representative to misrepresentation made in this document and its attachment.	VSU,BAYBAY CITY,LEYTE s Personal Data Sheet which is a true, ules and regulations of the Republic verify/validate the contents stated here	563-7485 correct and complete of the Philippines. I	or photocopied picture is not acceptable	re
2.	DR.MYRNA M. AVILA I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, re	VSU,BAYBAY CITY,LEYTE s Personal Data Sheet which is a true, ules and regulations of the Republic verify/validate the contents stated here	563-7485 correct and complete of the Philippines. I	is not acceptable	e
Go	DR.MYRNA M. AVILA I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, reauthorize the agency head / authorized representative to waits a misrepresentation made in this document and its attachment against me. Overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	VSU,BAYBAY CITY,LEYTE s Personal Data Sheet which is a true, ules and regulations of the Republic verify/validate the contents stated here	563-7485 correct and complete of the Philippines. I	is not acceptable	е
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