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.

	and use separate sheet if necessary. Indicate	N/A if not applicable. <b>DO NOT</b>	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	T								
2. SURNAME	ISRAEL							NI/A	
FIRST NAME	ANTONIETA NAME EXTENSION (JR., SR) N/A						N/A		
MIDDLE NAME	DIAZ	/							
DATE OF BIRTH     (mm/dd/yyyy)	06/13/1969	16. CITIZENSHIP	V Filipino Du			Dual Citizenship			
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citize	Pls. indicate country:						
5. SEX	☐ Male ✓ Female	please indicate the d	Philippines						
6 CIVIL STATUS	☐ Single     ☐ Married       ☑ Widowed     ☐ Separated       ☐ Other/s:	17. RESIDENTIAL ADDRESS	#19 A. N House/Block/Lot No. Subdivision/Village			A. MA	MABINI STREET Street Barangay		
7. HEIGHT (m)	156.5 m		ВА	BAYBAY CITY  City/Municipality  6521  #19  House/Block/Lot No.		LEYTE Province			
8. WEIGHT (kg)	60 kg	ZIP CODE				A. MABINI STREET			
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS						EET	
10. GSIS ID NO.	69061301224		Нои				Street		
11. PAG-IBIG ID NO.	1210-7546-6112			bdivision/Village			Barangay <b>LEYTE</b>		
	13-000065403-6	ZIP CODE		ity/Municipality			Province		
12. PHILHEALTH NO.				6521					
13. SSS NO.	06-1625485-5	19. TELEPHONE NO.	(053) 563-8507						
14. TIN NO.	186-774-847	20. MOBILE NO.	09173	09173041369					
15. AGENCY EMPLOYEE NO.	V000615	21. E-MAIL ADDRESS (if any)	jadi_3	84@yahoo	o.com				
II. FAMILY BACKGROUND		•	These						
22. SPOUSE'S SURNAME	ISRAEL	NAME EXTENSION (ID. OD)	23. NAME of CHILDREN (Write full name and list all)			list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	JOHN	NAME EXTENSION (JR., SR)	JOHANN ANGELO D. ISRAEL			RAEL	05/05/2002		
MIDDLE NAME	FLANDEZ								
OCCUPATION	DECEASED								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A			,					
24. FATHER'S SURNAME	DIAZ								
FIRST NAME	AQUILINO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	ESCUADRA								
25. MOTHER'S MAIDEN NAME									
SURNAME	CALUNGSOD								
FIRST NAME	CHRISTINA								
MIDDLE NAME	MONTEFOLKA			(Continue on separate sheet			ecand.		
III. EDUCATIONAL BACKS			2 2 2 3 1 T 2 2 2 3 1	10	onunae on se	parate sheet if neces	sary)		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	BAYBAY SOUTH CENTRAL	PRIMARY EDUCATION		1975	To 1981	N/A	1981	RECEIVED N/A	
SECONDARY	SCHOOL FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL		1981	1985	N/A	1985	N/A	
VOCATIONAL /	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
TRADE COURSE  COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE II		1985	1989	N/A	1989	N/A	
GRADUATE STUDIES	N/A	N/A	, <u>C</u>	N/A	N/A	N/A	N/A	N/A	
		Continue on separate sheet if nec	essary)						
SIGNATURE	afe	_		DA	TE	12/	20/18		
and the contract of the particle of the particle of the contract of the contra								d 2017), Page 1 of 4	

27. CARE		1080 (BOARD/ BAR) UNDER		DATE OF I		2938 (April 1924)		LICENSE (if a	onlinable)
	SPECIAL LA	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFER	RMENT	NUMBER	Date of Validity
	N/A	Δ							validity
			-						
v. Work s	XPERIENGE		(Co	ntinue on separate sheet if	necessary)				
		nt. Start from your rece	nt work) Description	on of duties should b	e indicated in the attac	hed Work Ex		4	
	ISIVE DATES m/dd/yyyy)	POSITION 1			NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full/D	Oo not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
06/01/2003	present	ADMINISTRATIVE	AIDE III	Office of the U	niv. Secretary	517.59	3	Casual	Yes
07/01/2001	05/31/2003	CLERK I		Institue of Tro	pical Ecology	272.50	3	Casual	Yes
07/01/2000	06/30/2001	COMPUTER OPE	RATOR			6,500.00	_	MOOE	Yes
10/01/1997	06/30/2000	COMPUTER OPE		ViSCA-GTZ	Institue of Tropical Ecology			Contractual	Yes
01/15/1997	09/30/1997	CLERK I		VISCA-GTZ		8,445.00			
01/13/199/	09/30/1997	OLERN I		VISCA-G12		200.00	3	Emergency	Yes
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			* ·						
			EALTH SALES						
						*			
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				ntinue on separate sheet if	necessary)		. ,	7	
SIGNA	TURE		and		DATE		12/20		
THE RESERVE OF THE PERSON NAMED IN			/				CS	FORM 212 (Revised 20	17), Page 2 of 4

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VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMEN			Y ORGANIZATI	ON/S		
NAME & ADDRESS OF (Write in fi		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From	То				
N/A							
	9						
				-			
VII. LEARNING AND DEVELOPMENT (L&	(Con	tinue on separate s	heet if necessa	ry)			
(Start from the most recent L&D/training program and incl				Chiel/Executive/Mana	gerial positions)		
		INCLUSIVE	DATES OF		Type of LD	The Control of the Co	
<ol> <li>TITLE OF LEARNING AND DEVELOPMENT IN (Write in fu</li> </ol>		ATTENI (mm/dd	DANCE I/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
N/A							
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						227 217 2	
		7 - 7 - 7 - 7					
	T <sub>1</sub>	-		2 4 2			
	(Cont	linue on separate si	neet if necessar	y)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTING		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERATE							
OOM OTEN EITERATE	-	N/A				LSU-ADPA	
	-						
	1 - 1		-		er.		
	ye i 2002 has			-			
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SIGNATURE	(Cont	inue on separate sh	eet if necessar	T		10/0/	
SIGNATURE			In Co.	DATE		12/20/18	

	S			• • • • • • • • • • • • • • • • • • • •			
34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,			) · · · · · · · · · · · · · · · · · · ·			
	a. within the third degree?		YES VN	0			
	b. within the fourth degree (for Local Government Unit - Cal	YES IN	0				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	ense?	YES V	10			
			If YES, give details:				
	b. Have you been criminally charged before any court?		YES V	NO			
			If YES, give details:				
			Date Filed:				
			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	ny law, decree, ordinance or regulation by		NO			
	any court of tributial?		If YES, give details:				
37.	Have you ever been separated from the service in any of the	일 1945년 이 경험 경험 경험을 가득하는 것이 되었다. 경험 경험 경험 경험 시간 시간 사람들은 사람들이 가지 않는 것이 없는 것이 없다.		NO			
	retirement, dropped from the rolls, dismissal, termination, et (abolition) in the public or private sector?	iu oi terrii, iinisned contract or phased out	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES ☐	7 NO			
	Barangay election)?		☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the	ne three (3)-month period before the last					
	election to promote/actively campaign for a national or local	If YES, give details:					
39.	Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES 🔽	7 NO			
			If YES, give details (cou				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	프라마이크로 가게 하시네라면서 하다 하라고 하는데 아니는데 아니는데 아니는데 하는데 아니는데 아니는데 아니는데 아니는데 아니는데 아니는데 아니는데 아니					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	, please answer the following items:					
ì.	Are you a member of any indigenous group?		If YES, please specify:	Z NO			
١.	Are you a person with disability?			Z NO			
			If YES, please specify ID N				
	Are you a solo parent?		1	NO			
			If YES, please specify ID N	o: NONE			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	DR. JOSE L. BACUSMO	VSU, ViSCA, Baybay City, Leyte	-				
	DR. MA. JULIET C. CENIZA	VSU, ViSCA, Baybay City, Leyte	-	1000			
	DD VICTOR B. ASIO	VICIL VISCA Paulau City Lauda	_				
10	DR. VICTOR B. ASIO	VSU, ViSCA, Baybay City, Leyte		1			
42.	I declare under oath that I have personally accomplishe						
	complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe		[18] [18] [18] [18] [18] [18] [18] [18]				
	agree that any misrepresentation made in this doct	생물은 사람들은 사람들이 살아내는 아내는 가득하는 사람들이 살아내는 것이 되었다. 그는 사람들이 되었다면 하는데	[[ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18] [ 18]	РНОТО			
	administrative/criminal case/s against me.		_				
0	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	LEASE INDICATE ID Number and Date of Issuance	De					
G	overnment Issued ID: UMID	age	_				
ID	/License/Passport No.: 006-0068-8286-0	Signature (Sign inside the b					
H		(OX)					
Da	ate/Place of Issuance: TACLOBAN CITY	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	affiant avhibit	ng his/her validly issued govern	nment ID as indicated above			
	CODOCIVIDED VIAD CALOUM TO DEIONE HIR THIS	, amant exhibit	The morner validity issued govern	months as majorited above.			
		$\mathcal{M}$ .					
		ATTY: RYSAN C. GUINOCO	מו				
		VIEW ECAL DEFICED					
		Person Administering Oa	th				