

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	DIAZ		
FIRST NAME	BENSON	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SOLIS		
3. DATE OF BIRTH (mm/dd/yyyy)	10/12/1989	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	if holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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	House/Block/Lot No. Street Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	5'3	ZIP CODE	6521
8. WEIGHT (kg)	49 Kg.		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	12-12-0951-0843		
12. PHILHEALTH NO.	130001031628		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	939-634-994	20. MOBILE NO.	09558632254
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	DIAZ		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CHARITO	NAME EXTENSION (JR., SR)	JULIUS D. DIAZ	7/2/2003
MIDDLE NAME	DELA CERNA			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	DIAZ			
FIRST NAME	CASIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	HOYUMPA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SOLIS			
FIRST NAME	CLARA			
MIDDLE NAME	SILAO			

(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	CANDADAM ELEM. SCHOOL		1995	2001	Graduated	2002	NONE
SECONDARY	BAYBAY HIGH		2001	2002	Second Year		
VOCATIONAL / TRADE COURSE	N/A	NONE					
COLLEGE	N/A	NONE					
GRADUATE STUDIES	N/A	NONE					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/17/20	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

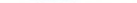
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

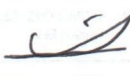

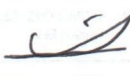

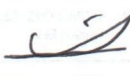

[illegible]

(Continue on separate sheet if necessary)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Driving		N/A		N/A
	Basketball				
	Welding				

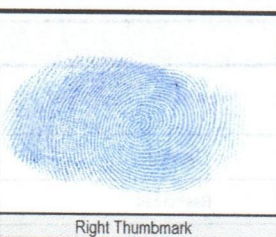
(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/17/20	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 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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Engr. Mario Lilio Valenzona</td><td>Baybay City, Leyte</td><td></td></tr><tr><td>Dr. Jose L. Bacusmo</td><td>VSU, Baybay City, Leyte</td><td></td></tr><tr><td>Dr. Lourdes B. Cano</td><td>San. Isidro, Baybay City, Leyte</td><td></td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	Engr. Mario Lilio Valenzona	Baybay City, Leyte		Dr. Jose L. Bacusmo	VSU, Baybay City, Leyte		Dr. Lourdes B. Cano	San. Isidro, Baybay City, Leyte		
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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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"><div> Signature (Sign inside the box)</div><div>_____ Date Accomplished</div></td><td rowspan="4"><div> Right Thumbmark</div></td></tr><tr><td>Government Issued ID: PhilHealth</td></tr><tr><td>ID/License/Passport No.: 13-000103162-8</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<div> Signature (Sign inside the box)</div> <div>_____ Date Accomplished</div>	<div> Right Thumbmark</div>	Government Issued ID: PhilHealth	ID/License/Passport No.: 13-000103162-8	Date/Place of Issuance:							
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Government Issued ID: PhilHealth													
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Date/Place of Issuance:													
SUBSCRIBED AND SWORN to before me this 16 APR 2020, affiant exhibiting his/her validly issued government ID as indicated above.													
<div><div>ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER</div><div>_____ Person Administering Oath</div></div>													



PHOTO



Right Thumbmark