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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	ALKUINO		
FIRST NAME	PEDRO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	OLLERAS		
3. DATE OF BIRTH (mm/dd/yyyy)	February 23,1958	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Brgy. Sta. Cruz, Baybay, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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 Pangasugan Baybay Barangay City/Municipality Leyte Province
7. HEIGHT (m)	5'4"	ZIP CODE	6521-A
8. WEIGHT (kg)	60kls		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Pangasugan Baybay Barangay City/Municipality Leyte Province
10. GSIS ID NO.	CM-3875972	ZIP CODE	6521-A
11. PAG-IBIG ID NO.	1700-0024-0037		
12. PHILHEALTH NO.	13-000-040954-6		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	116-622-600	20. MOBILE NO.	N/A
15. AGENCY EMPLOYEE NO.	V00042	21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALKUINO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NORA	NAME EXTENSION (JR., SR) N/A	MARIFE Y. ALKUINO	September 28,2005
MIDDLE NAME	IYANA		MARIAN GRACE Y. ALKUINO	September 7,2012
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ALKUINO			
FIRST NAME	MARCELINO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	VILLOCINO			
25. MOTHER'S MAIDEN NAME	BEBING			
SURNAME	OLLERAS			
FIRST NAME	ANTONIA			
MIDDLE NAME	BEBAT			

(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 Community School	Primary Graduate	1969	1975	N/A	1975	3rd Honor
SECONDARY	Baybay High School	High School Graduate	1975	1779	N/A	1979	Most Helpful of the year
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/2/18	CS FORM 212 (Revised 2017), Page 1 of 4
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	N/A					

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

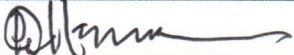
[illegible]

SIGNATURE		DATE	10/2/18	CS FORM 212 (Revised 2017), Page 2 of 4
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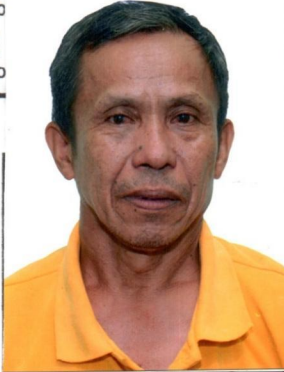
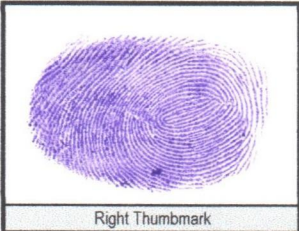
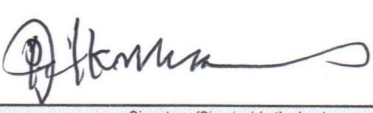
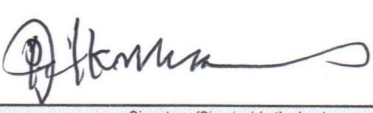
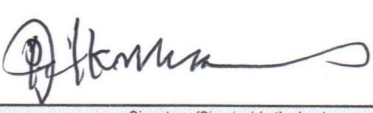
*[Handwritten signature]*

10/2/18



VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVILIAN NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29	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. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(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)						
30	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Values Orientation Seminar	12/11/2000	N/A	8hrs.	N/A	PhilRootcrops, ViSCA, Baybay City, Leyte
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Carpentry	N/A			ViSCA Personnel Associationm (VPA)	
	Utility				Administrative Personnel Association (ADPA)	
	Janitor					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	10/2/18	
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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)	 is not acceptable  PHOTO   Right Thumbmark												
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Dr. Erlinda A. Vasquez</td><td>VSU, Baybay City, Leyte</td><td>563-7229</td></tr><tr><td>Dr. Julieta R. Roa</td><td>Baybay City, Leyte</td><td>563-7229</td></tr><tr><td>Maria Elsa Umpad</td><td>Ormoc City</td><td>563-7229</td></tr></table>		NAME	ADDRESS	TEL. NO.	Dr. Erlinda A. Vasquez	VSU, Baybay City, Leyte	563-7229	Dr. Julieta R. Roa	Baybay City, Leyte	563-7229	Maria Elsa Umpad	Ormoc City	563-7229
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Maria Elsa Umpad	Ormoc City	563-7229											
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"> Signature (Sign inside the box)  Date Accomplished</td></tr><tr><td>Government Issued ID: VSU ID</td></tr><tr><td>ID/License/Passport No.: V00042</td></tr><tr><td>Date/Place of Issuance: VSU</td></tr></table>	Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box)  Date Accomplished	Government Issued ID: VSU ID	ID/License/Passport No.: V00042	Date/Place of Issuance: VSU								
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ID/License/Passport No.: V00042													
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SUBSCRIBED AND SWORN to before me this <u>OCT 03 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath											
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