

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

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	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	LUZ N. GRAVADOR	7/16/1988
BUSINESS ADDRESS	N.A.		
TELEPHONE NO.	N.A.		
24. FATHER'S SURNAME	NARIO		
FIRST NAME	FLORO		
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	Mngravad	DATE	07/01/2020	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	----------	------	------------	---



[illegible]

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

[illegible]

<b>SIGNATURE</b>	<i>Ming</i>	<b>DATE</b>	07/01/2020	CS FORM 212 (Revised 2017), Page 2 of 4
------------------	-------------	-------------	------------	---



[illegible]

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

[illegible]

VIII. OTHER INFORMATION

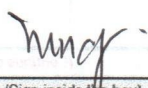
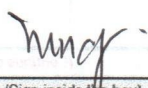
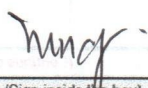



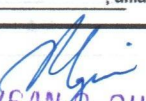
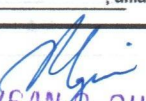
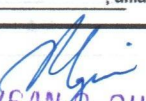
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N.A.	N.A.	N.A.

SIGNATURE	<i>Ming</i>	DATE	07/01/2020	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	-------------	------	------------	---

mg.

07/01/2020



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
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											
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></tr><tr><td>Government Issued ID: <b>VOO609</b></td></tr><tr><td>ID/License/Passport No.: <b>ID</b></td></tr><tr><td>Date/Place of Issuance: <b>VSU, BAYABY</b></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: <b>VOO609</b>	ID/License/Passport No.: <b>ID</b>	Date/Place of Issuance: <b>VSU, BAYABY</b>	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished					
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: <b>VOO609</b>													
ID/License/Passport No.: <b>ID</b>													
Date/Place of Issuance: <b>VSU, BAYABY</b>													
													
Signature (Sign inside the box)													
Date Accomplished													
<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>14 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td><b>ATTY. RYSAN C. GUINOCOR</b> <b>VSU LEGAL OFFICER</b> Person Administering Oath</td></tr></table>			<b>ATTY. RYSAN C. GUINOCOR</b> <b>VSU LEGAL OFFICER</b> Person Administering Oath										
													
<b>ATTY. RYSAN C. GUINOCOR</b> <b>VSU LEGAL OFFICER</b> Person Administering Oath													