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 1. CS ID No. Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) 2 SURNAME URATE NAME EXTENSION (JR., SR) None FIRST NAME **CHRISTOPHER** MIDDLE NAME APAITAN 3. DATE OF BIRTH 16. CITIZENSHIP (mm/dd/yyyy) 1/20/1977 ✓ Filipino ■ Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH Cadiz Ivisan If holder of dual citizenship, Pls. indicate country: please indicate the details. 5 SEX ✓ Male ☐ Female Philippines Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS Zone 3 House/Block/Lot No ■ Widowed ☐ Separated Street Guadalupe Other/s: Subdivision/Village Barangay Baybay Leyte 4'5 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 56 kgs ZIP CODE 6521 18. PERMANENT ADDRESS Zone 3 9. BLOOD TYPE 0 House/Block/Lot No. Street Guadalupe None 10. GSIS ID NO Subdivision/Village Barangay Baybay 11. PAG-IBIG ID NO. 1210-5159-7533 Levte City/Municipality Province 12. PHILHEALTH NO 19-026715685-2 ZIP CODE 6521 13. SSS NO. None 053 - 563-0220 19. TELEPHONE NO 14 TIN NO 946-087-980 20. MOBILE NO. 0997-1489-205 15. AGENCY EMPLOYEE NO. None 21. E-MAIL ADDRESS (if any) christopherurate@yahoo.com 22 SPOUSE'S SURNAME Gucela 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) Liza FIRST NAME Lyza Antoniña G. Urate 01/17/2008 None MIDDLE NAME Cantiga Christie Zail G. Urate 05/15/2020 OCCUPATION Clerk EMPLOYER/BUSINESS NAME Visayas State University, Library **BUSINESS ADDRESS** Brgy. Pangasugan, Baybay City, Leyte TELEPHONE NO None 24. FATHER'S SURNAME Urate NAME EXTENSION (JR., SR) FIRST NAME Edwin MIDDLE NAME Orbien 25. MOTHER'S MAIDEN NAME Uratre SURNAME Apaitan FIRST NAME Luz MIDDLE NAME Valbarez (Continue on separate sheet if necessary) SCHOLARSHIP NAME OF SCHOOL HIGHEST LEVEL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL ACADEMIC UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To ELEMENTARY VISCA Foundation Elem. School **Elementary Graduate** 1984 1990 Graduated 1990 None SECONDARY **Experimental Rural High School High School Graduate** 1990 1994 Graduated 1994 None VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE 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 SIGNATURE DATE June 4, 2020 CS FORM 212 (Revised 2017), Page 1 of 4

CAREE	ER SERVICE/RA 108	0 (BOARD/BAR) UNDER	RATING	DATE OF	DIAC CO	ATION LOO	NATA T	LICENSE (if ap	
		(If Applicable)			PLACE OF EXAMINATION / CONFERMENT			Date o	
None		None	None	None			None	None	
	XPERIENCE	Start from your recen		ntinue on separate sheet it		hed Work Ex	perience shee	ıt.	
INCLU	SIVE DATES n/dd/yyyy)	y) POSITION TITLE (Write in full/Do not abbreviate) To		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV" SERVK (Y/ N)
1/2014	Present			VSU, Quality	9,000.00	U.K.	Job Order	Yes	
2/2009	06/2012	Hospital Cl	eaner	King Fahad, Ho	spital Saudi Arabia	800 SR	N.A.	Contractual	No
6/2012	07/2014	4 Aircon Installer/ Techn		Khadamaty Company		1,200 SR	N.¥.	Contractual	No
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CS FORM 212 (Revised 2017), Page 3 of 4	nne 4, 2020	r	- BTAG		41	SIGNATURE
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MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				NON 35.	31. SPECIAL SKILLS and HOBBIES
						VIII. OTHER INFORMATION
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Visayas State University		-	9102/60	09/2016		Messenge (Utility Orientation/ Seminar
Vissyas State University	1000.00		02/03/2018	02/03/5018		SO 9001: 2015 QMS Orientation
Visayas State University	Tedinal	8 hours	04/11/2019	04/11/2019		O 9001: 2015 QMS ROLL-OUT Orientation
	Technical/etc)		0]	шол∃		
CONDUCTED/ SPONSORED BY (Write in full)	(ManagenaM) (Ynosivneque	иливек он нолка	JAWA)			30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)
-	Type of LD		e only the relevant L&D/training taken for the last five (5) years for Division Chief/Exc		e only the relevant L&D/training taken for th	ลอกเวเบ อนย เมยเดิดเฮ ดิแนเยม/ตจา นลวลม isow ain wou ve
			NDED	TITA SMARĐO	NTERVENTIONS/TRAINING PR	VII. LEARNING AND DEVELOPMENT (L&D) I
		I	et if necessary)	eus ə şexedəs uo ənug	ano)	
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POSITION / NATURE OF WORK		NUMBER OF HOURS		(ww/qc INCFN2IA		29. NAME & ADDRESS OF OR OR (Write in full)
		S/NOTI AZIN	RONO INPINI	704 / 77 107 /	/ INTERNITACE NON / OIAIC A	A VOLONIAL WORKS OF THE STATE O

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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 NO				
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	YES NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO					
		If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☑ NO					
		Date Filed:					
			Status of Case/s:				
36.		ny law, decree, ordinance or regulation by	☐ YES ☑ NO				
	any court or tribunal?	If YES, give details:					
		Year St. Co., St. Co.					
37.	Have you ever been separated from the service in any of the		☐ YES ☑ NO				
	retirement, dropped from the rolls, dismissal, termination, et (abolition) in the public or private sector?	nd of term, finished contract of phased out	If YES, give details:				
38		ave you ever been a candidate in a national or local election held within the last year (except					
00.	Barangay election)?		☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the	☐ YES ☑ NO					
	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 ☑ NO				
			If YES, give details (country):				
40.	r diodant to: (a) maigeriode r copie e riot (i a coc. i); (b) mai						
	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?		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?		YES NO				
	7 to you a porosii mar aloubiity.		If YES, please specify ID No:				
C.	Are you a solo parent?		☐ YES ☑ NO				
			If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	(appointee)		NOTE:			
	NAME	ADDRESS	TEL. NO.	,			
Dr.	Lualhati M. Noriel	VSU, Visca, Baybay City, Leyte	0918-5225-669				
Dr.	Milagrs Bales	VSU, Visca, Baybay City, Leyte	0942-4814-524				
Ms.	Pamela P. Oraño	Brgy. Marcos, Baybay City, Leyte	N/A				
42.	I declare under oath that I have personally accomplished th		prect and complete				
	statement pursuant to the provisions of pertinent laws, i			re			
	authorize the agency head / authorized representative to		CHRISTOPHEN A. UNA				
	misrepresentation made in this document and its attachm	nents shall cause the filing of administration	tive/criminal case/s				
	against me.						
G	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	PLEASE INDICATE ID Number and Date of Issuance	//-					
G	Sovernment Issued ID: TIN	15					
IC	D/License/Passport No.: 946-087-980	V					
D	Pate/Place of Issuance: Aug 13, 2007/ Ormoc City	Signature (Sign inside the bo June 4, 2020	X)				
		Date Accomplished	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	JUN 2020 affiant exhibi	ting his/her validly issued government ID as indicated above	9			
	33333. ISSS 7 ITS STORE TO BUILD THE UIIS	, amant exhibit	and market remain located government to as indicated above				
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		Person Administering Oath					

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

Sample: If applying to Supervising Administrative Officer

- Duration: January 2014 Present
- · Position: Utility/Messenger
- Name of Office/Unit: Quality Assurance Center
- Immediate Supervisor: Dr. Milagros C. Bales
- Name of Agency/Organization and Location: VSU, Quality Assurance Center
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - To do the photocopying, assembling, collating, identifying and updating documents at the QAC.
 - o To assist encoding monitored documents; and to ring-bind documents compiles;
 - To do messengerial tasks and to help maintain the cleanliness of the office, and to do other tasks related to CHED-ISA, ISO evaluation, AACCUP Accreditation and other activities of the QAC.

CHRISTOPHER A. URATE

(Signature over Printed Name of Employee/Applicant)

Date:		
I Jate.		
Date.		