

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 | CAORTE | | |
| FIRST NAME | ENRIQUE | NAME EXTENSION (JR., SR) JR | |
| MIDDLE NAME | ESTREMOS | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | August 02, 1968 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | Albuera, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated | 17. RESIDENTIAL ADDRESS | Purok Okra House/Block/Lot No. Street Liloan Subdivision/Village Barangay Ormoc Leyte City/Municipality Province |
| 7. HEIGHT (m) | 163cm | ZIP CODE | |
| 8. WEIGHT (kg) | 72.8 KS | | |
| 9. BLOOD TYPE | "O" | 18. PERMANENT ADDRESS | Purok Okra House/Block/Lot No. Street Liloan Subdivision/Village Barangay Ormoc Leyte City/Municipality Province |
| 10. GSIS ID NO. | 000-6106-5421-5 | ZIP CODE | 6521 |
| 11. PAG-IBIG ID NO. | 121052603037 | | |
| 12. PHILHEALTH NO. | 13-050024648-1 | | |
| 13. SSS NO. | 06-1068421-5 | 19. TELEPHONE NO. | NONE |
| 14. TIN NO. | 165-945-346 | 20. MOBILE NO. | 09363221094 |
| 15. AGENCY EMPLOYEE NO. | V01112 | 21. E-MAIL ADDRESS (if any) | NONE |


II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-------------|-----------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | CAORTE | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | PERLA | NAME EXTENSION (JR., SR) | JUNE NIÑO P. CAORTE | January 30, 2003 |
| MIDDLE NAME | PEPITO | | | |
| OCCUPATION | HOUSEWIFE | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | CAORTE | | | |
| FIRST NAME | ENRIQUE | NAME EXTENSION (JR., SR) SR | | |
| MIDDLE NAME | CALABIA | | | |
| 25. MOTHER'S MAIDEN NAME | LATIVO | | | |
| SURNAME | ESTREMOS | | | |
| FIRST NAME | VISICTACION | | | |
| MIDDLE NAME | N/A | | (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 | ALBUERA CENTRAL SCHOOL | Primary | 1976 | 1981 | Graduated | 1981 | None |
| SECONDARY | ALBUERA PRIVATE HIGH SCHOOL | Secondary | 1981 | 1985 | Graduated | 1985 | None |
| VOCATIONAL / TRADE COURSE | N/A | | | | | | |
| COLLEGE | ViSCA, Baybay City, Leyte | BSF II | 1986 | 1988 | 84 units | UNDERGRAD | None |
| GRADUATE STUDIES | N/A | | | | | | |

(Continue on separate sheet if necessary)

| | | | | |
|-----------|---|------|------------|---|
| SIGNATURE |  | DATE | 30-01-2020 | CS FORM 212 (Revised 2017), Page 1 of 4 |
|-----------|---|------|------------|---|

IV. CIVIL SERVICE ELIGIBILITY


[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

| | | | | |
|-----------|---|------|------------|---|
| SIGNATURE |  | DATE | 30-01-2020 | CS FORM 212 (Revised 2017), Page 2 of 4 |
|-----------|---|------|------------|---|

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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 | | |
| | PHI BETA KAPPA FRATERNITY SORORITY | 1985 | PRESENT | | MEMBER |
| | KABALIKAT CIVICOM | 2010 | PRESENT | | MEMBER |
| | GUARDIAN (VSU CHAPTER) | 2000 | PRESENT | | MEMBER |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(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 | | | |
| | BASIC LIFE SUPPORT PROVIDER'S COURSE HEALTH CARE PROVIDER | 09-05-2019 | 09-06-2019 | 16 hrs | Technical | DOH |
| | RE-TRAINING/REFRESHER COURSE (RTC) | 12-06-2018 | 12-11-2018 | 40 hrs | Technical | JVO DYNAMIC SECURITY TRAINING ACADEMY, INC. |
| | VSU FIRE BRIGADE | 11-05-2018 | 11-09-2018 | 40 hrs | Technical | BFP REGION VIII |
| | FIRE PREVENTION SEMINAR AND TRAINING ON MASS CASUALTY INCIDENT RESPONSE | 03-27-2018 | | 8 hrs | Technical | BFP/ODAHRD/SSO |
| | EMERGENCY RESPONSE SKILLS TRAINING | 03-14-2018 | 03-18-2018 | 40 hrs | Technical | BFP/ODAHRD/SSO |
| | FIRE CONSCIOUSNESS/PREPAREDNESS | 02-27-2018 | | 8 hrs | Technical | CONVENTION CENTER |
| | RE-ORIENTATION SEMINAR FOR SECURITY GUARDS | 09-04-2014 | | 8 hrs | Technical | QAC/ODAHRD/SSO |
| | PADPAO RE-TRAINING COURSE | 09-19-2012 | 03-31-2012 | 40 hrs | Technical | PADPAO RT PRIVATE SEC. ACAD. |
| | GENDER SENSITIVITY TRAINING OF SEXUAL HARASSMENT ORIENTATION FOR FRONTLINE SERVICE PROVIDERS | 09-17-2012 | | 8 hrs | Technical | ODAHRD/SSO |
| | SEMINAR ON FIRE PREVENTION | 01-21-2012 | | 8 hrs | Technical | CONVENTION CENTER |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(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) |
|-----|----------------------------|-----|---|-----|---|
| | DRIVING | | CERTIFICATE OF RECOGNITION BFP BAYBAY CITY ON OCTOBER 16, 2018 | | ADMINITRATIVE PERSONNEL ASSOCIATION (AdPA) |
| | FIRE FIGHTING | | CERTIFICATE OF APPRECIATION FOR FIRE CONSCIOUSNESS AND PREPARENESS ON FEBRUARY 27, 2008 | | |
| | | | COMMENDATION FOR HAVING ACTIVELY PARTICIPATED IN FIRE OLYMPICS (BFP) ON MARCH 31, 2010 | | |
| | | | CERTIFICATE OF RECOGNITION FOR SELFLESS AND UNTIRING EFFORT IN ASSISTING OUR FIRE FIGHTERS IN BRGY. BUNGA | | |
| | | | | | |
| | | | | | |

(Continue on separate sheet if necessary)

SIGNATURE

30-01-2020

DATE

30-01-2020

CS FORM 212 (Revised 2017), Page 3 of 4

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)?

☐ YES

☒ NO

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ 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?

☐ YES

☒ 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?

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

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. 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?

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

| NAME | ADDRESS | TEL. NO. |
|--------------------|---------------------------|----------|
| MS. CHERYL BATUCAN | BGY. LILOAN, ORMOC CITY | |
| MR. ROMEO CALABIA | BGY. LAWIS, ALBUERA LEYTE | |
| MR. SALDY PITOGO | BGY. LILOAN, ORMOC CITY | |

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.

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: DRIVER LICENSE
ID/License/Passport No.: H03-07-001934
Date/Place of Issuance: 08-02-2019 / BAYABAY CITY

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this FEB 17 2020, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSEL C. GUINOCOR
VSU LEGAL OFFICER
Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4