

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	TAN		
FIRST NAME	BASILIO	NAME EXTENSION (JR., SR) JR.	
MIDDLE NAME	ESPINDOSA		
3. DATE OF BIRTH (mm/dd/yyyy)	JANUARY 25, 1962	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	BAYBAY CITY	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	837 APOLINARIO MARINI House/Block/Lot No. Street REGINO PALERMO SR. ZONE-5 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	167 cm	ZIP CODE	0521
8. WEIGHT (kg)	60 kgs		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	837 APOLINARIO MARINI House/Block/Lot No. Street REGINO PALERMO SR. ZONE-5 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	62012502651	ZIP CODE	0521
11. PAG-IBIG ID NO.	1700-0026-2841		
12. PHILHEALTH NO.	13-00005602-8	19. TELEPHONE NO.	N/A
13. SSS NO.	06-0897555-3	20. MOBILE NO.	09365330886
14. TIN NO.	162-776-560	21. E-MAIL ADDRESS (if any)	basiliotan-62@yahoo.com
15. AGENCY EMPLOYEE NO.	V00653		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TAN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOAN	NAME EXTENSION (JR., SR)	JOSELLE LATORENO TAN	FEBRUARY 1, 1994
MIDDLE NAME	LATORENO		VASELLE JHADE LATORENO TAN	MAY 1, 2001
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	TAN			
FIRST NAME	BASILIO	NAME EXTENSION (JR., SR)	SR.	
MIDDLE NAME	ABDYME (DECEASED)			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESPINDOSA			
FIRST NAME	CONCEPCION			
MIDDLE NAME	ISRAEL (DECEASED)			

(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	BAYBAY EAST CENTRAL SCHOOL	primary	1968	1974	NA	1974	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	Hi-school	1974	1978	NA	1978	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	NA	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	NA	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	NA	N/A	N/A

(Continue on separate sheet if necessary)



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	None		N/A		

## V. WORK EXPERIENCE

[illegible]**SIGNATURE**

Betty.

DATE \_\_\_\_\_

OCTOBER 5, 2018



# 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		
	N/A		None		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			
	ORIENTATION ON PROGRAM TO INSTITUTIONALIZE MERITOCRACY AND EXCELLENCE IN HUMAN RESOURCE MANAGEMENT.	SEPTEMBER 15, 2018		8 HRS.		VISAYAS STATE UNIVERSITY HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT OFFICE PERSONNEL.
	RE-ORIENTATION OF SECURITY GUARDS AND FOREST RANGERS.	SEPTEMBER 19, 2016		8 HRS.		VSU ADMINISTRATION
	DEPUTATION SEMINAR ON THE JOB TRAINING AND DEFENSIVE DRIVING.	OCTOBER 20-23, 2016		24 HRS.		LAND OF TRANSFORMATION OFFICE - REGION-8.
	RE-ORIENTATION SEMINAR OF SECURITY GUARDS	SEPTEMBER 4-5, 2014		16 HRS.		VSU HRMDO PERSONEL
	RE-ORIENTATION SEMINAR FOR VSU SECURITY GUARDS	JULY 17, 2011		8 HRS.		VSU ADMINISTRATION
	SEMINAR ON PREPARATION OF PERFORMANCE RATING REPORT AMONG SECURITY GUARDS.	SEPTEMBER 12, 2011		8 HRS.		VSU ADMINISTRATION
	FIRE CONSCIOUSNESS AND PREPAREDNESS	FEBRUARY 26, 2008		8 HRS.		DAVAO CITY FIRE DEPT. PERSONEL
	SECURITY GUARDS IN-SERVICE TRAINING COURSE No. 11	NOV. 27-DEC. 4, 2006		36 HRS.		PNP SAGSD REGION-8, TAC.
	SECURITY GUARDS REFRESHER COURSE	NOV. 3-10, 2004		32 HRS.		PNP SAGSD REGION-8, TAC.
	RE-ORIENTATION WORKSHOP FOR LSU SECURITY GUARDS.	NOV. 14, 2003		16 HRS.		LSU ADMINISTRATION
	SECURITY GUARDS REFRESHER COURSE	SEPTEMBER 16-21, 2002		48 HRS.		PNP SAGSD REGION-8, TAC.
	RE-ORIENTATION AND VALUES IN THE WORK PLACE	JANUARY 9, 2002		8 HRS.		LSU ADMINISTRATION
	SEMINAR FOR LSU SECURITY GUARDS.	SEPT. 10-11, 1999		16 HRS.		PNP R2, REGION-8, TACIOBAN
	SEMINAR WORKSHOP ON CAMPUS SECURITY AND INVESTIGATION.	NOV. 20-27, 1996		16 HRS.		LAND OF TRANSFORMATION OFFICE - REGION-8.
	DRIVER. 2000 DEPUTIZED AGENTS TRAINING	OCTOBER 5, 1996		8 HRS.		NTC - REGION 8, TACIOBAN
	RESTRICTED RADIO TELEPHONE OPERATOR - RESTRICTED LAND MOBILE.	DEC. 1-30, 1983		1 MONTHS		PHIL. CONSTABULARY CAMP, CRAME, PERSONEL.
	PRE-LICENSING TRAINING COURSE FOR GOVERNMENT GUARDS.					CAMP DOWNES, SYMOG CITY FUNCTION HALL.

(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)
	BASKETBALL		N/A		LEYTE STATE UNIVERSITY ADMINISTRATIVE PERSONNEL ASSOCIATION.
	SECURITY GUARDING				

(Continue on separate sheet if necessary)

SIGNATURE	Blotany.	DATE	OCTOBER 5, 2018	CS FORM 212 (Revised 2017), Page 3 of 4
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p>  <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

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

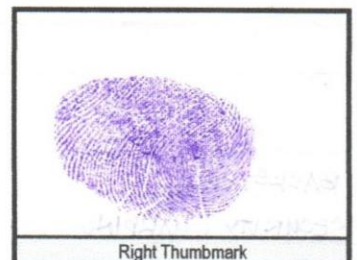
NAME	ADDRESS	TEL. NO.
GUALBERTO E. PICAL	BAYBAY CITY	N/A
VECENTE ALKUNO	BAYBAY CITY	N/A
JOSE MILANA SR.	BAYBAY CITY	N/A

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.



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>VISAYAS STATE UNIVERSITY</b>
ID/License/Passport No.: <b>V00653</b>
Date/Place of Issuance: <b>JANUARY 2, 2016</b>

Signature (Sign inside the box)
<b>OCTOBER 9, 2018</b>
Date Accomplished



SUBSCRIBED AND SWORN to before me this **OCT 09 2018**, affiant exhibiting his/her validly issued government ID as indicated above.

<p><b>ATTY. RYSAN C. GUINOCOR</b> VSU LEGAL OFFICER</p>
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