PERSONAL DATA SHEET

NA/A PANIA/C: A my min informatation	on made in the l		TAL DAI			minal agga/g agga	not the normal	concerned
WARNING: Any misinterpretation READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OU	T THE PERSONAL DATA SHEE	ET (PDS) BEFORE ACCOM	PLISHING TH	_	4 ,		For CSC use only)
I. PERSONAL INFORMATIO								
2. SURNAME	PADO	P						
FIRST NAME	ALEX	AN DEP						
MIDDLE NAME	PANT	ORILLA						
DATE OF BIRTH (mm/dd/yyyy)	MARCH	83, 1959	16. CITIZENSHIP		Filipino [Dual Citizenship	by natural	ization
4. PLACE OF BIRTH	CARCA	P CITY, CEBU	If holder of dual citize	nship,		Pls. indicate		
5. SEX	Male	Female	please indicate the d	etails.	PHILIPP	INES		-
6 CIVIL STATUS	Single Widowed Other/s:	Married Separated	17. RESIDENTIAL ADDRESS		ouse/Block/Lot No.		Street BEL	LO
7. HEIGHT (m)	54				DEUA City/Municipality		CE BU	
8. WEIGHT (kg)	74.5		ZIP CODE		City/Municipality		Province	
9. BLOOD TYPE	14		18. PERMANENT ADDRESS		0001			-
10. GSIS ID NO.	-	FPAPPO 29		Но	ouse/Block/Lot No.	D	Street VEP-TO	nt II
				71)	ubdivision Village		Barangay EBU	PULLU
11. PAG-IBIG ID NO.		0085-9331			City/Municipality		Province	
12. PHILHEALTH NO.		000 14019-1	ZIP CODE	6	051			
13. SSS NO.		088697-4	19. TELEPHONE NO.		NA			
14. TIN NO.		686-587	20. MOBILE NO.	09/8	729 5950)		
15. AGENCY EMPLOYEE NO.	y 205	87	21. E-MAIL ADDRESS (if any)					
II. FAMILY BACKGROUND	hibs	A						
22. SPOUSE'S SURNAME FIRST NAME	PABO) L	NAME EXTENSION (JR., SR)	The second second	HILDREN (Write full name a		DATE OF BIRT	TH (mm/dd/yyyy)
MIDDLE NAME	DAMIT	11/5		MADI	LAUXIS D	PAROK	04/30	1988
OCCUPATION	TEAC	HER III		MALE	- AUN N	MPUI	100/18	1/1989
EMPLOYER/BUSINESS NAME	DED	EP III						/
BUSINESS ADDRESS	MI	UI	>					
TELEPHONE NO.	INA							
24. FATHER'S SURNAME	PAPO	P						
FIRST NAME	FELT	PE	NAME EXTENSION (JR., SR)					
MIDDLE NAME	BAGO	L			**************************************			
25. MOTHER'S MAIDEN NAME								
SURNAME	PABO	P						
FIRST NAME	LUCE	NA						
MIDDLE NAME III. EDUCATIONAL BACKS	PANT	DRILLA			(Continue on s	eparate sheet if nece	ssary)	
								SCHOLARSHIP
26. LEVEL		NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	OCANA	SENTRAL SCH	OL primary		1966 1972	11/1	1972	NA
SECONDARY	CAPCA	R XCADEMY	UL frimany High Scho	rol	1973 1977	1/1/	1977	NA
VOCATIONAL / TRADE COURSE		NIA	NA		NIA	11/1	111	NA
COLLEGE		// / A	NA		11/11	1/V/A	1/A	
GRADUATE STUDIES		N/A	NA		1/VXA	N/A	NA	NA
	((Co	ontinue on separate sheet if nec	essary)		1 /1//	10/1	// //
SIGNATURE	alum	mmmm_0	DATE	09 00	T. 2018	CS FORM 21	2 (Revised 2017).	Page 1 of 4

27. CARE	SPECIAL LAWS/ CES/ CSEE RATING		DATE OF EXAMINATION /			LICENSE (if applicable)				
		(If Applicable)	CONFERMENT	PLACE OF EXAMIN	IATION / CONFE	RMENT	NUMBER	Date Valid		
		N	/A	NA			NA	v din		
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	*									-
	2									
WORK E	XPERIENCE			(Co	ntinue on separate sheet if r	necessary)				
			your recen	t work) Descriptio	n of duties should be	indicated in the attacl	and the at E			
. INCLU	ISIVE DATES m/dd/yyyy)		POSITION TI					SALARY/ JOB/ PAY		
From	То	(Wri	te in full/Do not a	abbreviate)	(Write in full/Do	CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV SERVI
t. 1970	MARCH	1900 11	IN EHN	ICE TANA	MACTED AU			INCREMENT		
5.1981	Balling 1	983 Lt	TAND ED	ISE MAN	MOCA ASICKINI	LDER INC.			NITPACTI	HL
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1/2/	la pla		*	(Contin	ue on separate sheet if nece	essary)		-		
SIGNATU	IRF	adu	mmm		Control of the last of the las	9 OCT. 2018			discount of the second series	or the state of

I. VOLUNTARY WORK OR INVOLVEMEN	IT IN CIVIC FOR GOVERNMENT	/ PEOPLE / V	OLUNTARY	ORGANIZATIO.		
29. NAME & ADDRESS OF (Write in			VE DATES dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		NA			j	H/A
II. LEARNING AND DEVELOPMENT (L.C. last from the most recent L&D baining program and in the control of the cont	D) INTERVENTIONS/TRAINING PR lude only the relevant L&D training taken for	the last tive (5) yes	TENDED	hleFExecutive Manage	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in	full)	From	To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
TENG. AND DEPENS	IVE DRIVING	37,28,	7016	16	L	TO PEG. 8- VSU ADMIN
PIENTATION ON PRI VSU HR SUSTEM A	ME-HPM AT NO PRACTICES	08-38/8	1018	8	`	LSU ADMIN.
					-	
						16
	Con	ntinue on separate	chapt if paraces	N.		
III. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES MASON RY WORKS	LOSALTS AW		le in full)		VSV	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
			213 X 13	r TW		
	#896HDC			4		
SIGNATURE		ntinue on separate	Name and Address of the Owner, where the Owner, which is the Owner,	A STREET, SQUARE OF THE PARTY O	T. 201	CS FORM 212 (Revised 2017), Page 3 of

V

34. Are you related by consenquinity or affinity to	the appointing or recommending authority, or to the					
	has immediate supervision over you in the Office,	1				
Bureau or Department where you will be appr						
a. within the third degree?		YES X NO				
	ent Unit - Career Employees\?	YES NO				
b. Within the lourth degree (for Local Governin	b. within the fourth degree (for Local Government Unit - Career Employees)?					
	If YES, give details:					
1 m						
35. a. Have you ever been found guilty of any adr	YES NO					
		If YES, give details:				
b. Have you been criminally charged before a	ny court?	YES NO				
		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
[2012년 12:18:18] (12:18년 12:18년 1	violation of any law, decree, ordinance or regulation by	YES NO				
any court or tribunal?		If YES, give details:				
37. Have you ever been separated from the servi	[20] [20] [20] [20] [20] [20] [20] [20]	YES NO				
(abolition) in the public or private sector?	termination, end of term, finished contract or phased out	If YES, give details:				
	nal or local election held within the last year (except	YES NO				
Barangay election)?	The state of the s	If YES, give details:				
b. Have you resigned from the government se	ervice during the three (3)-month period before the last	YES X NO				
election to promote/actively campaign for a n		If YES, give details:				
39. Have you acquired the status of an immigran	or permanent resident of another country?	YES NO				
		If YES, give details (country):				
	8371); (b) Magna Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 20	000 (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				
		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 consenguinity or a	Finite to applicant tempolates					
The Energe of a soft not related by consanguinty of a	minity to applicant /appointee)					
NAME	ADDRESS	TEL. NO.				
DEMETO IN DAMPING ID	MILLA DEL DID CUA	2x C +114 à i				
DEMETRIO DAMPIOS JR	VILLA DEL PID SUB.	PACASAN,				
	TALAMBAN, CEPU CIT	4 Part of the state of the stat				
HONE	/					
	NONE					
42. I declare under oath that I have personally a	ecomplished this Personal Data Sheet which is a true, co	orrect and complete				
statement pursuant to the provisions of pe	rtinent laws, rules and regulations of the Republic of	f the Philippines. I				
misrepresentation made in this document a	resentative to verify/validate the contents stated herein nd its attachments shall cause the filing of administral	n. I agree that any				
against me.	The its attachments shall cause the liling of administral	tive/criminal case/s				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's LI	cansa atc.\					
PLEASE INDICATE ID Number and Date of Issuance	oonae, etc.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Government Issued ID: VCI) ID	Gummmmm					
73011						
ID/License/Passport No.: V00587	x)					
Date/Place of Issuance: ++ 10 . 2015	018					
101 7010	Right Thumbmark					
SUBSCRIBED AND SWORN to before me thi	S COT 4 c officert cybibil	tion his there will the investment of the state of the st				
The file file	OCT 1 0 2018 affiant exhibit	ting his/her validly issued government ID as indicated above.				
	MI.					
	OR					
and a second sec	Person Administering Oath	Prof. (SEC) Section and address				