CS Form No. 212 Revised 2017

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 I. PERSONAL INFORMATIO | and use separate sheet if necessary. Indicate N | N/A if not applicable. DO NOT A | ABBREVIATE. | | 1. CS ID No. | | (Do not fill up. Fe | or CSC use only) |
|---------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------|------------------------------------|
| 2. SURNAME | ISRAEL | | | | | | | |
| FIRST NAME | ANTONIETA | | | | NAME EXTENSION | (JR., SR) | N/A | |
| MIDDLE NAME | DIAZ | | | | | | | |
| 3. DATE OF BIRTH | 06/13/1969 | 46 CITIZENCHID | | | | | | |
| (mm/dd/yyyy) | 06/13/1969 | 16. CITIZENSHIP | | | Filipino Dual Citizenship by birth by naturalizat | | | zation |
| 4. PLACE OF BIRTH | BAYBAY CITY | If holder of dual citizenship, | | Pls. indicate of | | | | |
| 5. SEX | ☐ Male ☑ Female | please indicate the de | Philippines | | | | • | |
| 6 CIVIL STATUS | Single Married | 17. RESIDENTIAL ADDRESS | #19 House/Block/Lot No. | | | A. MA | BINI STRE | ET |
| | ✓ Widowed ☐ Separated ☐ Other/s: | | | | | | Barangay | |
| 7. HEIGHT (m) | 156.5 m | BAY | | ndivision/Village YBAY CITY | | | LEYTE | |
| 8. WEIGHT (kg) | 60 kg | ZIP CODE 6521 | | ty/Municipality | | | Province | |
| 9. BLOOD TYPE | "0" | 18. PERMANENT ADDRESS | | | #19 | | A. MABINI STREE | |
| 10. GSIS ID NO. | 69061301224 | | House/Block/Lot No. | | Street | | | |
| | | | | division/Village | | Barangay LEYTE | | |
| 11. PAG-IBIG ID NO. | 1210-7546-6112 | | Ci | ty/Municipality | | | Province | |
| 12. PHILHEALTH NO. | 13-000065403-6 | ZIP CODE | 6521 | | | | | |
| 13. SSS NO. | 06-1625485-5 | 19. TELEPHONE NO. | (053) ! | 563-8507 | | | | |
| 14. TIN NO. | NO. 186-774-847 20. | | 09173 | 09173041369 | | | | |
| 15. AGENCY EMPLOYEE NO. | V000615 | 21. E-MAIL ADDRESS (if any) | jadi_3 | 4@yahoo | .com | | | |
| II. FAMILY BACKGROUND | | | | | | | | |
| 22. SPOUSE'S SURNAME | | | | 23. NAME of CHILDREN (Write full name and list all) | | | DATE OF BIRTH (mm/dd/yyyy) | |
| FIRST NAME | JOHN | NAME EXTENSION (JR., SR) | JOHANN ANGELO D. ISRAE | | | RAEL | AEL 05/05/2002 | |
| MIDDLE NAME | FLANDEZ | | | | | | | |
| OCCUPATION | DECEASED | | Service - | | | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | |
| 24. FATHER'S SURNAME | DIAZ | | | | | | | |
| FIRST NAME | AQUILINO | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | ESCUADRA | | | | | West - | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | |
| SURNAME | CALUNGSOD | | | | | | | |
| FIRST NAME | CHRISTINA | | | | | | | |
| MIDDLE NAME | MONTEFOLKA | | | (C | ontinue on se | parate sheet if neces | sary) | |
| III. EDUCATIONAL BACKG | ROUND | | | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGR (Write in full) | EE/COURSE | PERIOD OF A | ATTENDANCE | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS |
| | BAYBAY SOUTH CENTRAL | | 471611 | From | To | A march and a | 400 | RECEIVED |
| ELEMENTARY | SCHOOL | PRIMARY EDUC | ATION | 1975 | 1981 | N/A | 1981 | N/A |
| SECONDARY | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | HIGH SCHO | DL 1981 1985 | | N/A | 1985 | N/A | |
| VOCATIONAL / TRADE COURSE | N/A | N/A | N/A N/A | | N/A | N/A | N/A | N/A |
| COLLEGE | UNIVERSITY OF SAN CARLOS | BACHELOR OF SO COMMERC | 1985 | | 1989 | N/A | 1989 | N/A |
| GRADUATE STUDIES | N/A | N/A | | N/A | N/A | N/A | N/A | N/A |
| | | Continue on separate sheet if nec | essary) | | | 11. | 10 | |
| SIGNATURE | gie | | | DA | ITE | G/18 | 11 | d 2017), Page 1 of 4 |

| 27. CAREE | | 080 (BOARD/ BAR) UNDER VS/ CES/ CSEE | RATING | DATE OF EXAMINATION / | PLACE OF EXAMINATION / | CONFEDRACIA | LICENSE |
|------------|------------|-----------------------------------------|--------------------|----------------------------|-------------------------------------------------|-------------------|----------------------|
| BAR | | TY / DRIVER'S LICENSE | (If Applicable) | CONFERMENT | TENSE OF EXAMINATION / | CONT ENVIEW | NUMBER |
| | N/A | | | | | | |
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| | | | (Continue o | on separate sheet if neces | ssary) | | |
| | XPERIENCE | nt Start from your recei | nt work) Descripti | on of duties should | be indicated in the attac | hed Work Ex | nerience sh |
| 28. INCLU | SIVE DATES | | | | | | |
| | n/dd/yyyy) | POSITION T (Write in full/Do not | | | SENCY / OFFICE / COMPANY ull/Do not abbreviate) | MONTHLY SALARY | STATUS OF APPOINTMEN |
| From | То | | | | | | |
| 06/01/2003 | present | ADMINISTRATIVE | AIDE III | Office of the | Univ. Secretary | 517.59 | Casual |
| 07/01/2001 | 05/31/2003 | CLERK I | | Institue of Tr | ropical Ecology | 272.50 | Casual |
| 07/01/2000 | 06/30/2001 | COMPUTER OPE | RATOR | Institue of Tr | ropical Ecology | 6,500.00 | MOOE |
| 10/01/1997 | 06/30/2000 | COMPUTER OPE | RATOR | ViSCA-GTZ | | 8,445.00 | Contractua |
| 01/15/1997 | 09/30/1997 | CLERK I | | ViSCA-GTZ | | 200.00 | Emergenc |
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| 29. | NTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVE NAME & ADDRESS OF ORGANIZATION | | INCLUSIVE DATES (mm/dd/yyyy) | | | | | |
|-------------------|---------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--|
| | (Write in f | (111) | From (mm/dd/ | To | NUMBER OF HOURS | | POSITION / NATURE OF WORK | |
| | N/A | | | | | | | |
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| 13. E. | | | | | | | | |
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| | | /Cor | tinue on separate sh | eet if necessar | ny) | | | |
| | | D) INTERVENTIONS/TRAINING I | PROGRAMS AT | TENDED | | | | |
| Start from the mo | ost recent L&D/training program and inc | lude only the relevant L&D/training taken for | A STREET, STRE | | Chief/Executive/Manag | | | |
| 30. TITLE | E 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/ | CONDUCTED/ SPONSORED BY | |
| | | | From To | | | Technical/etc) | (Write in full) | |
| | N/A | | | | | | | |
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| | | (Co | ntinue on separate s | heet if necessa | ary) | | | |
| VIII. OTHER | RINFORMATION | | | | | | | |
| 31. | SPECIAL SKILLS and HOBBIES | 32. NO | N-ACADEMIC DISTIN (Write | CTIONS / RECO | OGNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
| CO | MPUTER LITERATE | | LSU-ADPA | | | | | |
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| | SIGNATURE | 1 | | | | - | CS FORM 212 (Revised 2017), Page 3 o | |

| 34. | Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, | | | | | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--|
| | a. within the third degree? | YES NO | | | | |
| | b. within the fourth degree (for Local Government Unit - C | YES V NO If YES, give details: | | | | |
| 35 | a. Have you ever been found guilty of any administrative | offense? | YES 7 | NO | | |
| 00. | | If YES, give details: | | | | |
| | b. Have you been criminally charged before any court? | YES V NO If YES, give details: Date Filed: Status of Case/s: | | | | |
| 36. | Have you ever been convicted of any crime or violation of by any court or tribunal? | ☐ YES ✓ NO If YES, give details: | | | | |
| 37. | Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, 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 of Barangay election)? | ☐ YES ☑ NO If YES, give details: | | | | |
| | b. Have you resigned from the government service during election to promote/actively campaign for a national or local control of the control | ☐ YES ☑ NO If YES, give details: | | | | |
| 39. | Have you acquired the status of an immigrant or permane | ☐ YES ☑ NO If YES, give details (country): | | | | |
| a. b. c. | 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? | If YES, please specify: YES VO If YES, please specify ID No: YES NO If YES, please specify ID No: NO If YES, please specify ID No: NO NONE | | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applie | cant /appointee) | | | | |
| | NAME | ADDRESS | TEL. NO. | | | |
| | DR. JOSE L. BACUSMO | VSU, ViSCA, Baybay City, Leyte | - | | | |
| | DR. MA. JULIET C. CENIZA | VSU, ViSCA, Baybay City, Leyte | - | | | |
| | DR. VICTOR B. ASIO | VSU, ViSCA, Baybay City, Leyte | • | A | | |
| 42. | I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this candinistrative/criminal case/s against me. | tinent laws, rules and regulations of the epresentative to verify/validate the content | Republic of the ts stated herein. | PHOTO | | |
| | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | De | | | | |
| G | Sovernment Issued ID: UMID | | | X2.15(1).11 | | |
| 10 | D/License/Passport No.: 006-0068-8286-0 | box) | THE STATE OF THE S | | | |
| D | tate/Place of Issuance: TACLOBAN CITY | Date Accomplished | | Right Thumbmark | | |
| | SUBSCRIBED AND SWORN to before me this | JN 2 5 2018 , affiant exhi | | ernment ID as indicated above. | | |
| | | VSU LEGGA ADMINISTRA | ath | | | |