

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	CABILLO		
FIRST NAME	FIDEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DONAYRE		
3. DATE OF BIRTH (mm/dd/yyyy)	FEB. 6, 1961	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	PILAR CEBU	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	ZONE 3 Street GUADALUPE Barangay PANDAY LEYTE City/Municipality Province
7. HEIGHT (m)	163 CM	ZIP CODE	6521
8. WEIGHT (kg)	73.4		
9. BLOOD TYPE	O		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.		18. PERMANENT ADDRESS	ZONE 3 Street GUADALUPE Barangay PANDAY LEYTE City/Municipality Province
12. PHILHEALTH NO.	13-000103086-9	ZIP CODE	6521
13. SSS NO.		19. TELEPHONE NO.	NONE
14. TIN NO.		20. MOBILE NO.	NONE
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	NONE

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MASCARIOLA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	AMELITA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GILLOD		
OCCUPATION	HOUSEKEEPER	CARMELO M. CABILLO	1/30/1985
EMPLOYER/BUSINESS NAME	N/A	FIDEL M. CABILLO JR.	1/17/1986
BUSINESS ADDRESS	N/A	CARLO M. CABILLO	4/17/1987
TELEPHONE NO.	N/A	AMELITO M. CABILLO	12/9/1990
24. FATHER'S SURNAME	CABILLO	CHRISTOPHER M. CABILLO	6/23/1992
FIRST NAME	JUSTIANO	CRISANTO M. CABILLO	10/18/1996
MIDDLE NAME	JABALLA	MELLFIE M. CABILLO	9/10/2000
25. MOTHER'S MAIDEN NAME		CHRISTIAN M. CABILLO	10/1/2006
SURNAME	DONAYRE		
FIRST NAME	ASUNCION		
MIDDLE NAME	MARTINEZ		

(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	PILAR ELEM. SCHOOL	PRIMARY EDUCATION	1969	1977			
SECONDARY	PILAR INSTITUTE						
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	NONE						
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 23, 2018	CS FORM 212 (Revised 2017), Page 1 of 4
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## IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>	<i>C. Abul</i>	<b>DATE</b>	MAY 29 2018	CS FORM 212 (Revised 2017), Page 2 of 4
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DATE \_\_\_\_\_

8/02/2018



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON- GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION:

[illegible]

(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 position)

(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)					

[illegible]

(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)
DRMING	NONE	NONE
LANDSCAPING	NONE	
PLANT PROPAGATION	NONE	

(Continue on separate sheet if necessary)

SIGNATURE	<i>Caballero</i>	DATE	May 24, 2018	CS FORM 212 (Revised 2017), Page 3 of 4
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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.
DR. ROSARIO GALAC	VSU	NONE
DR. ARGENSID RAMOS	VSU	NONE
DR. MALOU BENTEZ	UMA CRUZ BARBARA	NONE

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:

ID/License/Passport No.: H0396026376

Date/Place of Issuance: 6/1/2017 BARBARA, LETTE

Signature (Sign inside the box)

MAY 24, 2016

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this MAY 29 2018, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

VSU LEGAL OFFICER