

PERSONAL DATA SHEET

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	ISRAEL		
FIRST NAME	JOEL		NAME EXTENSION (JR., SR)
MIDDLE NAME	MORALES		
3. DATE OF BIRTH (mm/dd/yyyy)	July 22, 1972	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BRGY. HIBUNAWAN, BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	
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:	House/Block/Lot No.	Street
7. HEIGHT (m)	5'1	Subdivision/Village	Barangay
8. WEIGHT (kg)	61	BAYBAY	LEYTE
9. BLOOD TYPE	A+	City/Municipality	Province
10. GSIS ID NO.	72072201150	ZIP CODE	6521-A
11. PAG-IBIG ID NO.	1700-0025-1939	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-000015320-7	House/Block/Lot No.	Street
13. SSS NO.	N/A	Subdivision/Village	Barangay
14. TIN NO.	153-545-376	BAYBAY CITY	LEYTE
15. AGENCY EMPLOYEE NO.	V000617	City/Municipality	Province
		ZIP CODE	6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0916-977-9374
		21. E-MAIL ADDRESS (if any)	imisrael1972@yahoo.com(FB)

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GODOY		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JEANETTE	NAME EXTENSION (JR., SR)	JHEL JEAN GODOY ISRAEL	May 27, 2001
MIDDLE NAME	MARTE		JOELEH JAN GODOY ISRAEL	July 22, 2003
OCCUPATION	CHILD DEVELOPMENT WORKER		JHON JEO GODOY ISRAEL	November 1, 2009
EMPLOYER/BUSINESS NAME	CITY SOCIAL WELFARE AND DEVELOPMENT (CSWD)			
BUSINESS ADDRESS	BAYBAY CITY, LEYTE			
TELEPHONE NO.	335-2843			
24. FATHER'S SURNAME	ISRAEL			
FIRST NAME	CORNELIO (DECEASED)	SR		
MIDDLE NAME	DERECHO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MORALES			
FIRST NAME	PAULINA			
MIDDLE NAME	RABANOS			

(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	HIBUNAWAN ELEMENTARY SCHOOL	ELEMENTARY CERTIFICATE	1979	1985	GRADUATED	1985	N/A
SECONDARY	BAYBAY HIGH SCHOOL	HIGH SCHOOL DIPLOMA	1985	1989	GRADUATED	1989	N/A
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	JUNIOR SECRETARIAL COURSE	1989	1991	GRADUATED	1991	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)


SIGNATURE		DATE	June 25, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

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

[illegible]

SIGNATURE		DATE	June 25, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL 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			
None	None	None	None	None	
(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			
PRIME - HRM Orientation	8/13/2018	8/13/2018	8	Technical	Visayas State University
HIV int the Workplace Seminar	12/9/2016	16/9/2016	4.0	Technical	Visayas State University
Worksshop to Reviwe and Improve Citizens' Charter	9/1/2016	9/1/2016	8.0	Technical	Visayas State University
Briefing on Staff Involved in the Conduct of Evaluation on Academic Staff by the Students	1/14/2013	1/14/2013	8.0	Technical	Visayas State University
Re-Orientation Seminar of Frontliner	7/7/2011	7/7/2011	8.0	Technical	Visayas State University
Seminar on Customer Service and Implementation of the Citizens' Charter	9/9/2009	9/9/2009	4.0	Technical	Visayas State University
Orientation on Avian Influenza Protection Program (AIPP)	9/12/2008	9/12/2008	6.0	Technical	Department of Agriculture, Regional Field Unit No. 8 (DA-RFU-8)
Seminar on Health and Productivity Problem Affecting Philippine Aquaculture	4/24/2008	4/24/2008	8.0	Technical	Southeast Asian fisheries Development Center (SEAFDEC) Aquaculture Department & Visayas State University, Visca, Baybay Leyte
Orientation and Breifing of Faculty Workload Computation and Teacher's Evaluation	6/20/2005	6/20/2005	8.0	Technical	Leyte State University
Seminar on Swine Production and Management during the 7th Annual Veterinary Medicine Week Celebration	2/15/2005	2/15/2005	4.0	Technical	FIL-AM Foods Inc. & Veterinary Students, Society, Visca, Baybay Leyte
Career and Personality Development for the Clerk and other Administrative Staff	5/19/2003	5/20/2003	16.0	Technical	Visayas State College of Agriculture, Baybay Leyte
Visca Credit Cooperative	7/10/2001	7/10/2001	8.0	Technical	Visayas State College of Agriculture, Baybay Leyte
Value Orientation Seminar Workshop (VOW)	8/17/1998	8/18/1998	24.0	Technical	Civil Service Commission/Visayas State College of Agriculture, Baybay Leyte
Seminar Workshop on Accomplishing the Performance Evaluation Report Form	7/20/1994	7/20/1994	4.0	Technical	Civil Service Commission/Visayas State College of Agriculture, Baybay Leyte
Training on Strengthening the Capability of VISCA Clerical Staff	6/17/1994	6/25/1994	24.0	Technical	Visayas State College of Agriculture, Baybay Leyte
(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)	
Lettering and Dancing	None			None	
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	July 25, 2019
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. LOTIS M. BALALA</td><td>Visayas State University</td><td>09345083300</td></tr><tr><td>Dr. MELVIN A. BAGOT</td><td>Brgy. Guadalupe, Baybay City</td><td>09174729957</td></tr><tr><td>Dr. SANTIAGO T. PEÑA</td><td>Visayas State University</td><td>09210601535</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. LOTIS M. BALALA	Visayas State University	09345083300	Dr. MELVIN A. BAGOT	Brgy. Guadalupe, Baybay City	09174729957	Dr. SANTIAGO T. PEÑA	Visayas State University	09210601535
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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.													
<table border="1"><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: GSIS CRN-066-0017-6751-1</td></tr><tr><td>ID/License/Passport No.: DRIVERS LICENSE# H03-97-027246</td></tr><tr><td>Date/Place of Issuance: July 16, 2018 at Baybay City</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: GSIS CRN-066-0017-6751-1	ID/License/Passport No.: DRIVERS LICENSE# H03-97-027246	Date/Place of Issuance: July 16, 2018 at Baybay City	<table border="1"><tr><td> Signature (Sign inside the box) June 25, 2019 Date Accomplished</td></tr></table>	 Signature (Sign inside the box) June 25, 2019 Date Accomplished							
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SUBSCRIBED AND SWORN to before me this <u>12 JUL 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYSAN J. GUINOCOR LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYSAN J. GUINOCOR LEGAL OFFICER Person Administering Oath											
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