

# 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                       | PEDREGOSA   |  |  |   |
| FIRST NAME                       | ROSENDO   | NAME EXTENSION (JR., SR)                                       |  |   |
| MIDDLE NAME                      | LUNGAY  |  |  |   |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | April 10, 1980  | 16. CITIZENSHIP  | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |   |
| 4. PLACE OF BIRTH                | Baybay City, Leyte  | If holder of dual citizenship,<br>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<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: |  |  |   |
| 7. HEIGHT (m)                    | 5'9"  | 17. RESIDENTIAL ADDRESS  | <b>223 A. Bonifacio St.</b><br>House/Block/Lot No. Street<br>Subdivision/Village Barangay<br><b>Baybay</b> <b>Leyte</b><br>City/Municipality Province  |   |
| 8. WEIGHT (kg)                   | 110lbs  |  | ZIP CODE   |   |
| 9. BLOOD TYPE                    | B   |  | 18. PERMANENT ADDRESS  | <b>223 A. Bonifacio St.</b><br>House/Block/Lot No. Street<br>Subdivision/Village Barangay<br><b>Baybay</b> <b>Leyte</b><br>City/Municipality Province |
| 10. GSIS ID NO.                  | 2005449021  |  |  | ZIP CODE  |
| 11. PAG-IBIG ID NO.              | 1212-0897-0820  |  |  |   |
| 12. PHILHEALTH NO.               | 13-000103511-9  |  |  |   |
| 13. SSS NO.                      | 33-65274222   | 19. TELEPHONE NO.  | NONE   |   |
| 14. TIN NO.                      | 400-209-577   | 20. MOBILE NO.   | NONE   |   |
| 15. AGENCY EMPLOYEE NO.          |   | 21. E-MAIL ADDRESS (if any)                                    |  |   |

## II. FAMILY BACKGROUND

|                          |   |                          |   |                            |
|--------------------------|---|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME     | PEDREGOSA                                   |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | IVE   | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              | LEGUA                                       |                          |   |                            |
| OCCUPATION               | CASHIER                                     |                          |   |                            |
| EMPLOYER/BUSINESS NAME   | VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE |                          |   |                            |
| BUSINESS ADDRESS         | Visca, Baybay City, Leyte                   |                          |   |                            |
| TELEPHONE NO.            | 563-7191                                    |                          |   |                            |
| 24. FATHER'S SURNAME     | PEDREGOSA                                   |                          |   |                            |
| FIRST NAME               | THOMAS                                      | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              | GALLARDO                                    |                          |   |                            |
| 25. MOTHER'S MAIDEN NAME |   |                          |   |                            |
| SURNAME                  | LUNGAY                                      |                          |   |                            |
| FIRST NAME               | LOURDES                                     |                          |   |                            |
| MIDDLE NAME              | DAPITON                                     |                          | (Continue on separate sheet if necessary)           |                            |

## III. EDUCATIONAL BACKGROUND

| 26. LEVEL                    | NAME OF SCHOOL<br>(Write in full)                  | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>RECEIVED |
|------------------------------|--|--|----------------------|------|--|-------------------|--|
|                              |  |  | From                 | To   |  |                   |  |
| ELEMENTARY                   | BAYBAY NORTH CENTRAL SCHOOL                        | PIMARY   | 1990                 | 1995 |  | 1995              |  |
| SECONDARY                    | BAYBAY NATIONAL HIGH SCHOOL                        | SECONDARY  | 1995                 | 1999 |  | 1999              |  |
| VOCATIONAL /<br>TRADE COURSE |  |  |                      |      |  |                   |  |
| COLLEGE                      | FRANCISCAN COLLEGE OF THE<br>IMMACULATE CONCEPTION | ASSOCIATE IN COM. SCIENCE                        |                      |      | 64 UNITS   |                   |  |
| GRADUATE STUDIES             |  |  |                      |      |  |                   |  |


|   |      |          |   |
|---|------|----------|---|
| (Continue on separate sheet if necessary) |      |          |   |
| SIGNATURE                                 | DATE | 9a/27/19 | CS FORM 212 (Revised 2017), Page 1 of 4 |



[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 | 6/27/16 | CS FORM 212 (Revised 2017), Page 2 of 4 |
|-----------|---|------|---------|---|



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

[illegible]

(Continue on separate sheet if necessary)

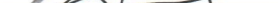
| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED |  |
|--|--|
| 1. Name of the program   |  |
| 2. Description of the program  |  |
| 3. Date of attendance  |  |
| 4. Location of the program   |  |
| 5. Duration of the program   |  |
| 6. Key topics covered  |  |
| 7. Key takeaways   |  |
| 8. How the program will be applied in the workplace                          |  |
| 9. Other relevant information  |  |

[illegible][illegible]

(Continue on separate sheet if necessary)

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full)                   | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|--------------------------------|--|---|
| DRIVING                        | CERTIFICATE OF RECOGNITION FROM BFP/BAYBAY ON OCTOBER 16, 2018                   | KNIGHTS OF COLUMBUS   |
| FIRE FIGHTER                   | COMMENDATION FOR HAVING ACTIVELY PARTICIPATED IN FIRE OLYMPICS ON MARCH 31, 2018 |   |
| BASKETBALL                     |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |

(Continue on separate sheet if necessary)

|           |   |      |          |   |
|-----------|---|------|----------|---|
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|-----------|---|------|----------|---|



34. Are you related by consanguinity or affinity to the appointing or recommending authority, 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. |
|------------------------|--------------------|----------|
| HON. RODULFO PALMA     | BAYBAY CITY, LEYTE |          |
| DR. LOURDES B CANO     | BAYBAY CITY, LEYTE |          |
| MR. DANIEL AGUHA PACLE | ABUYOG, LEYTE      |          |

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.

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVER LICENSE

ID/License/Passport No.: H12-18-000966

Date/Place of Issuance: 2018-3-13 at Baybay City

Signature (Sign inside the box)

\_\_\_\_\_

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 02 JUL 2019, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR  
VS LEGAL OFFICER

Person Administering Oath

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