

CS Form No. 212  
Revised 2017

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	FLORES		
FIRST NAME	MARIA ZAIDA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ARRADAZA		
3. DATE OF BIRTH	12/9/1967	16. CITIZENSHIP	<div><input type="checkbox"/> Filipino</div> <div><input type="checkbox"/> Dual Citizenship <div><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization</div></div> <div>Pls. indicate country:</div>
4. PLACE OF BIRTH	Baybay City Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<div><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</div>		
6. CIVIL STATUS	<div><input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:</div>	17. RESIDENTIAL ADDRESS	<div>#705 M-H del Pilar Street</div> <div>House/Block/Lot No. Street</div> <div>Brgy. Zone 9</div> <div>Subdivision/Village Barangay</div> <div>Baybay City Leyte</div> <div>City/Municipality Province</div>
7. HEIGHT (m)		ZIP CODE	
8. WEIGHT (kg)			
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	<div>#705 M-H del Pilar Street</div> <div>House/Block/Lot No. Street</div> <div>Brgy. Zone 9</div> <div>Subdivision/Village Barangay</div> <div>Baybay City Leyte</div> <div>City/Municipality Province</div>
10. GSIS ID NO.	67120901408	ZIP CODE	6521
11. PAG-IBIG ID NO.	1700-0024-9463	19. TELEPHONE NO.	053-563-7598
12. PHILHEALTH NO.	B-000014235-3	20. MOBILE NO.	09268686630
13. SSS NO.	620994475	21. E-MAIL ADDRESS (if any)	<a href="mailto:mariazaida.flores@yahoo.com">mariazaida.flores@yahoo.com</a>
14. TIN NO.	157-642-999		
15. AGENCY EMPLOYEE NO.	007-721		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/a	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	FLORES			
FIRST NAME	DOUGLAS SR.			
MIDDLE NAME	LORETO			
25. MOTHER'S MAIDEN NAME	GESULGA			
SURNAME	FLORES			
FIRST NAME	CECILIA			
MIDDLE NAME	ARRADAZA			

(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	Franciscan College of the Immaculate Conception (FCIC)	Graduated			Certificate	1980	Diploma
SECONDARY	Franciscan College of the Immaculate Conception (FCIC)	Graduated			Diploma	1984	Diploma
VOCATIONAL / TRADE COURSE	None	None			None	None	None
COLLEGE	Franciscan College of the Immaculate Conception (FCIC)	Bachelor of Arts			Diploma	1999	Diploma
GRADUATE STUDIES	None	None			None	None	None

(Continue on separate sheet if necessary)

SIGNATURE

DATE

6/13

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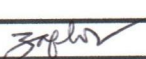
IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) OR SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	None	None	None	None	None	None

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

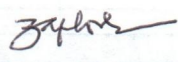
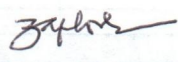
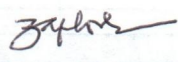






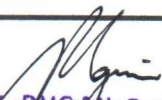
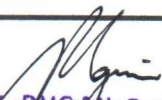
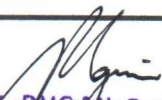
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SIGNATURE		DATE	6/13/18
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	FCIC Alumni Association		present		Alumni	
	CYMWA/Brgy. Sto. Rosario Baybay City Leyte		present		Member/Coordinator/Facilitator	
	Sto.Pio religious group (Baybay Chapter)	Sept. 23,2013	present		Member	
	Community Service Outreach Program (Brgy. Sto. Rosario,Baybay City)	May 1,2007	present		Coordinator /Facilitator	
(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			
	CY 2018 Budget Dialogue	Jan. 17,2018		3 hrs.		OVPAF Conf. Room
	Eaavaluation Facilitator of Faculty Performance Rating	April 18,2018	April 24,2018			DASS,VSU
	Facilitator Workshop on Developing a Program Proposal for Abaca Rehabilitation in Ormoc City	March 9,2017	March 10,2017	16hrs	Technical	NARC,VSU
	Facilitator Training on Abaca Production, Pest Disease Identification & Management and Nursery and Plantation Establishment @ NARC,VSU	Feb. 20,2017	Feb 21,2017	16hrs	Technical	TUKOD Foundation
	Participant Entrepreneurial Mind setting & Skills Training	Nov. 30,2016		8 hrs.		DTI,Baybay City Leyte
	EVALUATION Facilitator of Faculty Performance Rating	Nov. , 2016	Nov. 28,2016			Dept. of Agronomy, VSU
	Reorientation meeting of Secretaries	Nov. 15,2016				CCE Bldg. 2nd flr.
	GAD Sensitivity nSeminar Among Frontliners	Sept. 16,2016				ISRDS AV. Room
	Workshop on Procurement Planning Among project Leaders and personnel in-charge in preparing PPMP's	Sept. 12,2016				CCE Bldg. 2nd flr.
	Orientation among heads & secretaries in the Procurement Act & their responsibilities & accountabilities	Sept. 9,2016				CCE Bldg. 2nd flr.
	NARC Staff seminar series	April 19,2016				NARC Training Hall
	Facilitator during the AbacanRDE In-House Review	July 21,2016	July 22,2016			NARC Training Hall
	LSU AdPA General Assembly Meeting	June 24,2016	March 18,2016			CCE Bldg. 2nd flr.
	Facilitator on the Development of Abaca Proposals & Validation of the Abaca Summit 2015 Proceedings	March 17,2016	March 18,2016			CCE Bldg. 2nd flr.
	Facilitator Training Workshop on Writing & Presenting Proposals towards building Science Culture in Eastern Visayas Region	Oct 1,2015				OYSI/NAST/NARC
	Facilitator NARC R & D In-House Review	Sept. 17,2015				NARC, VSU
	Participant Briefing on the Preparation of OR's & BURs	Sept. 7,2015				VSU Budget Office
	LSU AdPA General Assembly Meeting	May 22,2015				Convention Center
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			MEMBERSHIP 33. IN ASSOCIATION	
	computer literate/bookkeeping records management,handicraft making,cooking,driving motorcycle,playing volleyball,table tennis,gardening and landscaping, community service organizing,events facilitator and coordinator,facilitating meetings,trainings,seminars,workshop,conferences, Evaluation Facilitator of VSU Faculty Teaching Performanc	JUL 2 5 2018			FCIC Alumni Association, CYMWA Brgy. Sto. Rosario Baybay City Leyte, AdPA (Administrative VSU Personnel Association)	
		ASST. RASAN C. GILMOR			Member Sto. Pio Religious Organization Baybay Chapter	
		ASST. RASAN C. GILMOR				
SIGNATURE					DATE	6/13/18



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 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. FELICIANO G. SINON</td><td>NARC, VSU</td><td>563-7598</td></tr><tr><td>DR. LUZ O. MORENO</td><td>NARC, VSU</td><td>563-7598</td></tr><tr><td>DR. RUBEN M. GAPASIN</td><td>DPM, VSU</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. FELICIANO G. SINON	NARC, VSU	563-7598	DR. LUZ O. MORENO	NARC, VSU	563-7598	DR. RUBEN M. GAPASIN	DPM, VSU	
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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: UMID GSIS Card</td></tr><tr><td>ID/License/Passport No.: CRN-006-0061-33056</td></tr><tr><td>Date/Place of Issuance:</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: UMID GSIS Card	ID/License/Passport No.: CRN-006-0061-33056	Date/Place of Issuance:	<table border="1"><tr><td> Signature (Sign inside the box)</td></tr><tr><td>_____ Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	_____ Date Accomplished						
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   Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>JUN 25 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath											
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