

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	TRUYA		
FIRST NAME	RIZALINA		NAME EXTENSION (JR., SR)
MIDDLE NAME	DEMOL		
3. DATE OF BIRTH (mm/dd/yyyy)	12/30/1962	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" 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	J. P. Laurel St. House/Block/Lot No. Street Zone 5 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.57cm	6521	18. PERMANENT ADDRESS
8. WEIGHT (kg)	65kgs.		J. P. Laurel St. House/Block/Lot No. Street Zone 5 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	"B"		
10. GSIS ID NO.	B62ZWRDT029		
11. PAG-IBIG ID NO.	1700 0030 1127	19. TELEPHONE NO.	053-563-8599
12. PHILHEALTH NO.	19-000337497-5	20. MOBILE NO.	09266991012
13. SSS NO.	06-0963117-1	21. E-MAIL ADDRESS (if any)	rizalinatruya@yahoo.com
14. TIN NO.	134-369-034		
15. AGENCY EMPLOYEE NO.	V000379		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TRUYA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EDGAR		RET ROLLY D. TRUYA	12/1/1986
MIDDLE NAME	RUBILLOS		ERIZA ELINA D. TRUYA	12/28/1990
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	DEMOL			
FIRST NAME	RESTITUTO			
MIDDLE NAME	CABUGWAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	VEGA			
FIRST NAME	ANASTACIA			
MIDDLE NAME	PAMPLONA			

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	Lahug Elementary School	grade six	1970	1976	graduated	1976	none
SECONDARY	University of the Visayas	fifth year	1976	1981	graduated	1981	none
VOCATIONAL / TRADE COURSE	none	none	none	none		none	none
COLLEGE	Cebu State Colloge (CNU at present)	Bachelor of Science in Education	1981	1985	graduated	1985	none
GRADUATE STUDIES	Cebu State Colloge	M. A. TESL	1987	1993	Completion of Academic		none
	Franciscan College of the Imm. Conception Cebu Normal University	M. A. in English in Education Doctor	2004 2007	2006 2014	graduated	2006 2014	none

(Continue on separate sheet if necessary)

SIGNATURE	Rizalina D. Truya	DATE	9/24/17	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER 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
	Professional Board for Teachers	77.37	Nov. 24, 1985	Cebu City	0447349	9-26-98
	Career Service Professional	71.01	Nov. 24, 1985	Cebu City	none	

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(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)

SIGNATURE	<i>Wazahna L. Fung</i>	DATE	4/24/17	CS FORM 212 (Revised 2017), Page 2 of 4
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IV. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

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

(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)

[illegible]

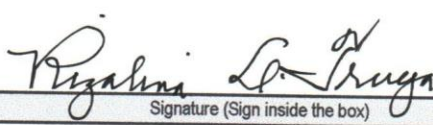



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
None	None	None

(Continue on separate sheet if necessary)

SIGNATURE	<i>Rizalina L. Truex</i>	DATE	<i>4/24/17</i>	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)?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Dr. Lijueraj J. Cuadra</td><td>VSU, Visca, Baybay City, Leyte</td><td>563-2775</td></tr><tr><td>Dr. Rosario P. Abela</td><td>VSU, Visca, Baybay City, Leyte</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	Dr. Lijueraj J. Cuadra	VSU, Visca, Baybay City, Leyte	563-2775	Dr. Rosario P. Abela	VSU, Visca, Baybay City, Leyte				
NAME	ADDRESS	TEL. NO.												
Dr. Lijueraj J. Cuadra	VSU, Visca, Baybay City, Leyte	563-2775												
Dr. Rosario P. Abela	VSU, Visca, Baybay City, 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.														
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC</div> <div>ID/License/Passport No.: 0447349</div> <div>Date/Place of Issuance: 0972971998/Tacloban City</div>	<div> Signature (Sign inside the box)</div> <div>04/24/2017 Date Accomplished</div>	<div> PHOTO</div> <div> Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this APR 24 2017 , affiant exhibiting his/her validly issued government ID as indicated above.														
<div> ATTY. RYSAN C. GUINOCOR Person Administering Oath</div>														