

PERSONAL DATA SHEET

WARNING: Any misrepresentation 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	ARPOCEPLE		
FIRST NAME	GASPAR	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SANCHEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	8/3/1963	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Culaba Biliran	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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 8
7. HEIGHT (m)	5'3	ZIP CODE	House/Block/Lot No.
8. WEIGHT (kg)	79		Street
9. BLOOD TYPE	B		Pangasugan
10. GSIS ID NO.	63080302454		Barangay
11. PAG-IBIG ID NO.	1700-0024-0862		Baybay
12. PHILHEALTH NO.	13-0000149676	18. PERMANENT ADDRESS	Leyte
13. SSS NO.	None	ZIP CODE	Province
14. TIN NO.	116-622-798		Zone 8
15. AGENCY EMPLOYEE NO.	V000564		House/Block/Lot No.
19. TELEPHONE NO.	None		Street
20. MOBILE NO.	09532343177		Pangasugan
21. E-MAIL ADDRESS (if any)	None	Barangay	
		Baybay	
		Leyte	
		Province	
		6521-A	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Arpoceple		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Margarita	NAME EXTENSION (JR., SR)	Garry Mar C. Arpoceple	1/19/1987
MIDDLE NAME	Cailing		Glean C. Arpoceple	5/22/1989
OCCUPATION	House Wife		Gleeven C. Arpoceple	3/26/1991
EMPLOYER/BUSINESS NAME	None		Jessie C. Arpoceple	7/24/1994
BUSINESS ADDRESS	None		Jayson C. Arpoceple	7/24/1994
TELEPHONE NO.	None		Joel C. Arpoceple	7/14/2000
24. FATHER'S SURNAME	Arpoceple		Joie C. Arpoceple	7/14/2000
FIRST NAME	Librado	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Galo			
25. MOTHER'S MAIDEN NAME				
SURNAME	Sanchez			
FIRST NAME	Pastora			
MIDDLE NAME	Garma			

(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	Baybay South Elementary School	Primary Education	1970	1976	Graduated	1976	none
SECONDARY	Damulaan National School	Secondary Education	1998	2002	Graduated	2002	none
VOCATIONAL / TRADE COURSE	TESDA, SCEP	Assesment Level I		8/25/1905		6/23/2003	
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	March 21-2022	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

(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][illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/21/2022	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]









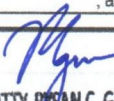
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Chees/Dama		
Basketball		
Bolleyball		

(Continue on separate sheet if necessary)

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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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details:<div></div></div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div> <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<div></div></div><div>Date Filed:<div></div></div><div>Status of Case/s:<div></div></div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></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><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div></div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country):<div></div></div></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><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify:<div></div></div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No.:<div></div></div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No.:<div></div></div></div></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>Engr. Marlon G. Burlas</td><td>Ipil Ormoc City</td><td>926446556</td></tr><tr><td>Engr. Phloem D. Galapo</td><td>Sta Cruz, Baybay City, Leyte</td><td>9176341520</td></tr><tr><td>Dr. Jose L. Bacusmo</td><td>VSU</td><td>0968 6906800</td></tr></table>	NAME	ADDRESS	TEL. NO.	Engr. Marlon G. Burlas	Ipil Ormoc City	926446556	Engr. Phloem D. Galapo	Sta Cruz, Baybay City, Leyte	9176341520	Dr. Jose L. Bacusmo	VSU	0968 6906800	
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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.	<div><div></div><div><div></div><div>Right Thumbmark</div></div></div>												
<table><tr><td>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"><div><div></div><div>Signature (Sign inside the box)</div><div>March 21, 2022</div><div>Date Accomplished</div></div></td><td rowspan="4"><div><div></div><div>Right Thumbmark</div></div></td></tr><tr><td>Government issued ID: Driver Licence</td></tr><tr><td>ID/License/Passport No.: H03-03-040095</td></tr><tr><td>Date/Place of Issuance: Baybay City, Leyte</td></tr></table>	Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<div><div></div><div>Signature (Sign inside the box)</div><div>March 21, 2022</div><div>Date Accomplished</div></div>	<div><div></div><div>Right Thumbmark</div></div>	Government issued ID: Driver Licence	ID/License/Passport No.: H03-03-040095	Date/Place of Issuance: Baybay City, Leyte							
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div><div></div><div>ATTY. RYZAN C. GUIMOCOR VSU Chief Legal Officer Person Administering Oath</div></div>													