

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 FILING 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. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	FLORENDO		
FIRST NAME	ALFREDO	NAME EXTENSION (JR, SR)	
MIDDLE NAME	DAGONDON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/01/1963	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Please indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder dual citizenship, 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 <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	5	ZIP CODE	6521
8. WEIGHT (kg)	86		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	B6351ADF029	ZIP CODE	6521
11. PAG-IBIG ID NO.	1700-0029-1916		
12. PHILHEALTH NO.	13-000014234-5		
13. SSS NO.	N/A	19. TELEPHONE NO.	(053) 563-7106
14. TIN NO.	116-624-468	20. MOBILE NO.	None
15. AGENCY EMPLOYEE NO.	V000215	21. E-MAIL ADDRESS (if any)	edoyflorendo@gmail.com

II. FAMILY BACKGROUND

22. SPOUSES' SURNAME	FLORENDO	25. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ARSENIA	ALFREDO A. FLORENDO	12/16/1986
MIDDLE NAME	AMIHAN	RUEL A. FLORENDO	08/25/1988
OCCUPATION	NONE	AVEGAEL A. FLORENDO	07/07/1990
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	FLORENDO		
FIRST NAME	ALFREDO (Deceased)		
MIDDLE NAME	REGERO		
25. MOTHER'S MAIDEN NAME			
SURNAME	DAGONDON		
FIRST NAME	AGRIPINA		
MIDDLE NAME	REDUBLA		

(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	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION	1970	1976	-	1976	-
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	1976	1980	-	1980	-
VOCATIONAL/ TRADE COURSE	NONE	-	-	-	-	-	-
COLLEGE	LEYTE INSTITUTE OF TECHNOLOGY	ASSOCIATE IN MARINE ENGINEERING	1980	1981	-	-	-
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Aug 8, 2017	CSC FORM 212 (Revised 2017) Page 1 of 4
-----------	---	------	-------------	---

IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE / RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS / CES / CSEE BARANGAY ELIGIBILITY / DIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION/ CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF VALIDITY
NONE						


(Continue on separate sheet if necessary)


V. WORK EXPERIENCE




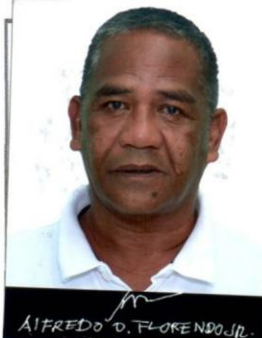

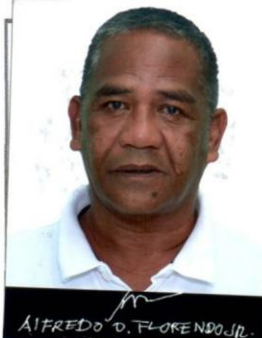

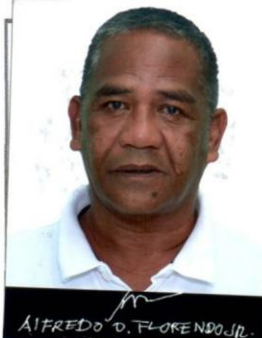




(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 8, 2017	CS FORM 212 (Revised 2017) Page 2 of 4
-----------	---	------	-------------	--

VI. VOLUNTARY WORK OR INVOLVEMENT IN CMC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS						
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						
Check box the most recent L&D training program and indicate only the relevant L&D training taken for the last five (5) years for Division 50.100 (check all that apply)						
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			
	NONE		NONE			NONE
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	Gardening playing football		NONE	SIGMA-UPSILON UPSILON-LAMBDA fraternity		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE May 8, 2017		

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>NONE</td><td>NONE</td><td>NONE</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	NONE	NONE	NONE							
NAME	ADDRESS	TEL. NO.											
NONE	NONE	NONE											
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: V000215</td></tr><tr><td>ID/License/Passport No.:</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: V000215	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1"><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>MAY 8, 2017</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	MAY 8, 2017	Date Accomplished				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: V000215													
ID/License/Passport No.:													
Date/Place of Issuance:													
													
Signature (Sign inside the box)													
MAY 8, 2017													
Date Accomplished													
	<table border="1"><tr><td> ALFREDO D. FLORENDO JR.</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>	 ALFREDO D. FLORENDO JR.		Right Thumbmark									
 ALFREDO D. FLORENDO JR.													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>MAY 09 2017</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td> ATTY. RYSA C. GUINOCOR NOTARY PUBLIC Person Administering Oath UNTIL DECEMBER 31, 2017</td></tr></table>		 ATTY. RYSA C. GUINOCOR NOTARY PUBLIC Person Administering Oath UNTIL DECEMBER 31, 2017											
 ATTY. RYSA C. GUINOCOR NOTARY PUBLIC Person Administering Oath UNTIL DECEMBER 31, 2017													