

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 | RABANOS |
| FIRST NAME | CHARLITO |
| MIDDLE NAME | VILLAMOR |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 6/8/1971 |
| 4. PLACE OF BIRTH | BAYBAY CITY, LEYTE |
| 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"/> Other/s: |
| 7. HEIGHT (m) | 5'2" |
| 8. WEIGHT (kg) | 66kg |
| 9. BLOOD TYPE | O |
| 10. GSIS ID NO. | 02003470267 |
| 11. PAG-IBIG ID NO. | 1700-0031-6502 |
| 12. PHILHEALTH NO. | 01-050027710-1 |
| 13. SSS NO. | 06-1382860-8 |
| 14. TIN NO. | 158-718-142 |
| 15. AGENCY EMPLOYEE NO. | V00585 |
| 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: |
| 17. RESIDENTIAL ADDRESS | 473 COLUMBIA ST House/Block/Lot No. Street HARMONY HILLS MUZON Subdivision/Village Barangay SAN JOSE DEL MONTE BULACAN City/Municipality Province ZIP CODE 3023 |
| 18. PERMANENT ADDRESS | 473 COLUMBIA ST House/Block/Lot No. Street HARMONY HILLS MUZON Subdivision/Village Barangay SAN JOSE DEL MONTE BULACAN City/Municipality Province ZIP CODE 3023 |
| 19. TELEPHONE NO. | NONE |
| 20. MOBILE NO. | |
| 21. E-MAIL ADDRESS (if any) | |

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|---|-----------------------------------|
| II. FAMILY BACKGROUND | |
| 22. SPOUSE'S SURNAME | RABANOS |
| FIRST NAME | LEONIDA |
| MIDDLE NAME | LAVADIA |
| OCCUPATION | TEACHER |
| EMPLOYER/BUSINESS NAME | DEPED / CALOOCAN |
| BUSINESS ADDRESS | KALAYAAN E/S MAIN-PH 108 B.S.C.C. |
| TELEPHONE NO. | |
| 24. FATHER'S SURNAME | RABANOS |
| FIRST NAME | CARLITO |
| MIDDLE NAME | LIBARESOS |
| 25. MOTHER'S MAIDEN NAME | RABANOS |
| SURNAME | NORMA |
| FIRST NAME | VILLAMOR |
| MIDDLE NAME | |
| (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 |
| ELEMENTARY | MAASIN CENTRAL SCH. | | 85 86 | | | |
| SECONDARY | BATO ACADEMY BATO LEYTE | | 92 93 | | | |
| VOCATIONAL / TRADE COURSE | | | | | | |
| COLLEGE | | | | | | |
| GRADUATE STUDIES | | | | | | |

| | | | |
|-----------|------------|------|---------|
| SIGNATURE | C. Rabanos | DATE | 4/17/17 |
|-----------|------------|------|---------|

| <u>IV. CIVIL SERVICE ELIGIBILITY</u> | | | | | | |
|---|--|---------------------------|--|-----------------------------------|-------------------------|---------------------|
| 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 |
| | | | | | | |
| | | | | | | |
| | N/A | | | | | |
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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 |
| | | | | | | |
| | | | | | | |
| N/A | | | | | | |
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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 | C. Rabang | DATE | 4/17/17 |
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| SIGNATURE | C. Rabang | DATE | 4/17/17 |
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| SIGNATURE | C. Rabang | DATE | 4/17/17 |
|-----------|-----------|------|---------|

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|-----------------|---------------------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | N/A | | | | N/A |
| | | | | | |
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| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED <i>(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)</i> | |
| 1. Program Name: | 2. Program Description: |
| 3. Program Dates: | 4. Program Location: |
| 5. Program Objectives: | 6. Program Outcomes: |
| 7. Program Evaluation: | 8. Program Feedback: |

[illegible]

VIII. OTHER INFORMATION

[illegible]

| | | | |
|-----------|-----------|------|---------|
| SIGNATURE | C. Rabang | DATE | 4/17/17 |
|-----------|-----------|------|---------|

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)?

☐ 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. |
|----------------------|-----------------------------|----------|
| LUCENA DEDACE | BLK 47 LT COLUMBIA ST. HALL | |
| NELY DRIS | " " LT " " " | |
| ERLINDA ARQUINES c/o | KALAYAN E/S BSCC. | |

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: CRN 000-6138-2860-8
ID/License/Passport No.:
Date/Place of Issuance: PASAY CITY

C. Rabano

Signature (Sign inside the box)

4/17/17

Date Accomplished

Right Thumbmark

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

Person Administering Oath

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