## \* PERSONAL DATA SHEET

READ THE ATTACHED GUIDE	ion made in the Personal Data Sheet and TO FILLING OUT THE PERSONAL DATA	TA SHEET	(PDS) BEFORE ACCOM	IPLISHING THE			Tilnai case/s ayan	nst the person	п сопсетнеа.	
	s ( and use separate sheet if necessary. Inc	idicate N/A i	f not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up. F	For CSC use only	
I. PERSONAL INFORMATIO  2. SURNAME	GUEVARRA									
	NAME FUTE POINT OF A PA									
FIRST NAME	RICHE									
MIDDLE NAME	FERNANDEZ									
DATE OF BIRTH     (mm/dd/yyyy)	'February 08, 1982	16	16. CITIZENSHIP			pino [	Dual Citizenship			
4. PLACE OF BIRTH	Baybay City		If holder of dual citize							
5. SEX	✓ Male Fema	ale	please indicate the d	letails.					~	
6 CIVIL STATUS	Single ✓ Marrie  Widowed Separ  ✓ Other/s:	ried 17	7. RESIDENTIAL ADDRESS	House/Block/Lot No.			Street Biasong Barangay			
7. HEIGHT (m)	5' 7"				ubdivision/Villag Baybay			Barangay Leyte		
8. WEIGHT (kg)			ZIP CODE	<b>6521</b>	City/Municipality	(		Province		
9. BLOOD TYPE	"0"	18	3. PERMANENT ADDRESS					Purok Okra		
10. GSIS ID NO.	200568262				ouse/Block/Lot N			Street Biasong		
11. PAG-IBIG ID NO.	1080-0223-0424				Subdivision/Village  Baybay			Barangay Leyte		
12. PHILHEALTH NO.	03-050104916-2		ZIP CODE	City/Municipality 6521				Province		
13. SSS NO.	33-7702535-9	19	3. TELEPHONE NO.							
14. TIN NO.	466-741-449	20	). MOBILE NO.	09192260831						
15. AGENCY EMPLOYEE NO.		21	I. E-MAIL ADDRESS (if any)							
IL FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	PATOMBON	- Inv		23. NAME of CH	HILDREN (Writ	te full name an	d list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	NESHERLYN	NA	AME EXTENSION (JR., SR)	SHEENA MENELLE GUEVARRA			07-06-2007			
MIDDLE NAME	FLOR			FRANCES MARY P. GUEVARRA				12-06	6-2016	
OCCUPATION	HOUSEWIFE									
EMPLOYER/BUSINESS NAME										
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME	GUEVARRA									
FIRST NAME	ROGELIO	NA	ME EXTENSION (JR., SR)							
MIDDLE NAME	SANCHEZ									
25. MOTHER'S MAIDEN NAME										
SURNAME	FERNANDEZ									
FIRST NAME	ZENAIDA									
MIDDLE NAME	YAP				(C	ontinue on se	eparate sheet if neces	econd)		
II EDUCATIONAL BACKG						Ulianas en e.	parace sneet it needs.	isary)		
26. LEVEL			BASIC EDUCATION/DEGREE/COURSE (Write in full)				HIGHEST LEVEL/	YEAR	SCHOLARSHIP/ ACADEMIC	
					From To UNITS EARNED		GRADUATED HO			
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	. P	Primary		1988	1994		1994		
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	. s	Secondary		1994	1998		1998		
VOCATIONAL / TRADE COURSE										
COLLEGE										
GRADUATE STUDIES										
SIGNATURE	1	(Conti	Inue on separate sheet if nece	T	In he					
SIGNATURE	The state of the s	)	DATE	U	127/19		CS FORM 212	2 (Revised 2017),	, Page 1 of 4	

CAREE	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER		DATE OF	· () * ·			LICENSE (if a	unicahla)
		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	RMENT	NÚMBER	Date of Validit		
		E							ravany
						-	2		
WORK E	(120) S (05)		(Co	ontinue on separate sheet	if necessary)				
lude priva		nt. Start from your recent	work) Description	n of duties should be	indicated in the attache	d Work Expe	SALARY/ JOB/ PAY		
	m/dd/yyyy)	POSITION TI (Write in ful/Do not a			(NCY / OFFICE / COMPANY (Do not abbreviate)	MONTHLY SALARY	GRADE (ff applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/ N)
01-2017	PRESENT	SECURITY GUARD I		VISAYAS STATE UI	NIVERSITY/BAYBAY	566.64/day		CASUAL	YES
13-2012	01-31-2017	SECURITY GUARD		VISAYAS STATE UI	NIVERSITY/BAYBAY	300.00/day		JOB ORDER	YES
17-2007	07-10-2010	SECURITY GUARD		SUN POWER MANU		11,000/mo		JOB ORDER	NO
01-2004	06-15-2007	SECURITY GUARD		PHILIP MORRIS MA	13,000/mo.		JOB ORDER	NO	
				EAGLE MATRIX SE		To,ocomo.		JOB ONDER	NO
									-
			(Co	ntinue on separate sheet i					
SIGNA	TURE			DATE	U 27	19	CS FORM 2	12 (Revised 2017), F	age 2 of 4

VI. VOLUNTA ORK ORNIVOLVEMENT IN CIVIC / L BOVERNMEN	OPLE / VO	DLUNTARY O	RGANIZATIO		
29. NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK
(Write in full)	From	To	NOMBER OF HOOKS		POSITION / NATURE OF WORK
	-		-		í .
				- 1	
	+				
				-	
(Col	ntinue on separate s	sheet if necessary			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	ROGRAMS AT	TENDED			
Start from the most recent L&D baining program and include only the relevant L&D training taken for	r the last five (5) yea	rs for Division Ch	lef Executive Manage	erial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)		ld/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
BASIC MARKSMANSHP PROGRAM	From 07 44 2040	То	41		OOLDEN FACIFICATION
	07-14-2010		4 hrs		GOLDEN EAGLE GUN CLUB
REFRESHER TRAINING COURSE	07-09-2010	07-15-2010	56 hrs		SPACER SECURITY TRNIG. CENTER INC.
MARKSMANSHP TRAINING	08-12-2008		4 hrs	*	TOUGH GUYS INDOOR SHOOTING RANGE
SECURITY SERVICES (NC II)	08-01-2008	08-05-2008	56 hrs		PHOENIX GUARD FORCE ACADEMY INC.
WORK ATTITUDE AND VALUES ENHANCEMENT SEMINAR	08-13-2006		6 hrs		PHILIP MORRIS MANUFACTURING, INC.
CUSTOMER SERVICES	07-05-2005				EAGLE MATRIX SECURITY AGENCY/ PHILIP
	-		6 hrs	-	MORRIS MANUFACTURING, INC.
FIRE SAFETY TRAINING	08-13-2005		8 hrs		SF01 GLENN PAFACTAS
					PHILIP MORRIS MANUFACTURING, INC.
DRUG ABUSE PREVENTIONS AND CONTROL SESMINAR	02-26-2005		6 hrs		PHILIP MORRIS MANUFACTURING, INC.
, Same					
A CONTRACTOR OF THE PARTY OF TH					
Services (Messages)  part (100 Messages)					2- 11 - 22- 1 - 2 - 2
1000 Maria					
and Andrew		-			
cottourned fore but off V					
N NOT BUILDING					
Professional Hospital Tomania Tomania State Communication (Communication Communication					
(Co	ontinue on separate	sheet if necessary	1)	rong yar territori	
VIII. OTHER INFORMATION					
NC.	ON-ACADEMIC DISTII	NCTIONS / RECO	SNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
31. SPECIAL SKILLS and HOBBIES 32.		te in full)			33. (Write in full)
CARPENTRY					Administrative Personnel Association (AdF
FARMING					
	1,				
/ 4.60		The Later of All	119		
	ontinue on separate	sheet if necessary	1	-	·
SIGNATURE	)	DATE	6/2	7/19	CS FORM 212 (Revised 2017), Page 3 of

-					6		
34.	Are you related by consanguing chief of bureau or office or to the Bureau or Department where y	he person who has immediate	0				
	a. within the third degree?     b. within the fourth degree (for	Local Government Unit - Car	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found g	uilty of any administrative off	ense?	☐ YES ← ☑ NO If YES, give details:			
	b. Have you been criminally ch	narged before any court?	If YES, give details:  Date Filed:  Status of Case/s:				
36.	Have you ever been convicted any court or tribunal?	of any crime or violation of a	Y YES V NO If YES, give details:				
37.	Have you ever been separated retirement, dropped from the ro (abolition) in the public or private	olls, dismissal, termination, e	e following modes: resignation, nd of term, finished contract or phased out	YES Z N	10		
38.	a. Have you ever been a candi Barangay election)?	date in a national or local ele	YES VO				
	b. Have you resigned from the election to promote/actively ca	사람들은 경기를 가는 것이 되었다. 그렇게 하면 가장 그렇게 되었다. 그렇게 되었다.	YES NO If YES, give details:				
39.	Have you acquired the status of	of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	, ,	delfare Act of 2000 (RA 8972) genous group?	gna Carta for Disabled Persons (RA , please answer the following items:	If YES, please specify:  YES  If YES, please specify ID N	NO		
41.	REFERENCES (Person not related by	consanguinity or affinity to applicant	/appointee)		*		
	NAME		ADDRESS	TEL. NO.			
MR	R. DANILO VITUALLA		BIASONG, BAYBAY CITY, LEYTE		3 2		
MR	R. EDGAR ITABLE		BIASONG, BAYBAY CITY, LEYTE		22		
MR. ALLAN VARRON			CABALASAN, BAYBAY CITY, LEYTE		4		
42.	statement pursuant to the prauthorize the agency head /	ovisions of pertinent laws, authorized representative to	is Personal Data Sheet which is a true, co rules and regulations of the Republic of verify/validate the contents stated herein tents shall cause the filing of administral	f the Philippines. I n. I agree that any	RITCHIE F. GUEVARRA		
P	COVERNMENT ISSUED ID (i.e. Passport, GSIS)  LEASE INDICATE ID Number and covernment Issued ID:  DRIVER LICE	Date of Issuance	100				
IF	D/License/Passport No.: HO1-0700						
D	ate/Place of Issuance: 07-21-2016/E	Baybay City, Leyte	Signature (Sign inside the bo	ix)	Right Thumbmark		
	SUBSCRIBED AND SWORN	to before me this0_2_	JUL 2019 affiant exhibi	ting his/her validly issued goven	nment ID as indicated above.		
			ATTY. RYSM C. GUINOCOR VSULEGAL OFFICER Person Administering Oath				