

CS Form No. 212  
Revised 2017

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

GUARTE

FIRST NAME

ALAN

MIDDLE NAME

MASON

3 DATE OF BIRTH  
(mm/dd/yyyy)

07/17/1974

16 CITIZENSHIP

☒ Filipino

☐ Dual Citizenship

☐ by birth

☐ by naturalization

Pls. indicate country:

4 PLACE OF BIRTH

MAGIN CITY  
SOUTHERN LEYTE

If holder of dual citizenship,  
please indicate the details.

5 SEX

☒ Male

☐ Female

6 CIVIL STATUS

☐ Single

☒ Married

☐ Widowed

☐ Separated

☐ Other/s:

7 HEIGHT (m)

1.625

17 RESIDENTIAL ADDRESS

House/Block/Lot No.

Street

Subdivision/Village

Barangay

City/Municipality

Province

8 WEIGHT (kg)

81

ZIP CODE

6521

9 BLOOD TYPE

O+

18 PERMANENT ADDRESS

House/Block/Lot No.

Street

Subdivision/Village

Barangay

City/Municipality

Province

10 GSIS ID NO.

4748 4451 7096 3207

ZIP CODE

6600

11 PAG-IBIG ID NO.

0917588 4363

19 TELEPHONE NO.

N/A

12 PHILHEALTH NO.

13 - 0506 395 22-3

20 MOBILE NO.

0926 4808 423

13 SSS NO.

06 222 76 1549

21 E-MAIL ADDRESS (if any)

alan.guarte@wvu.edu.ph

14 TIN NO.

437-579-974

15 AGENCY EMPLOYEE NO.

201140

II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME

GUARTE

FIRST NAME

EVANGELINE

MIDDLE NAME

ROCAROLA

OCCUPATION

HOUSE WIFE

EMPLOYER/BUSINESS NAME

N/A

BUSINESS ADDRESS

N/A

TELEPHONE NO.

N/A

23 NAME OF CHILDREN (Write full name and list all)

GUARTE, ANGELICA R.

DATE OF BIRTH (mm/dd/yyyy)

06/11/2002

24 FATHER'S SURNAME

GUARTE

FIRST NAME

DOMINADOR

MIDDLE NAME

MANTILLA

25 MOTHER'S MAIDEN NAME

MASON

FIRST NAME

PREJINA

MIDDLE NAME

PRAXONG

26 NAME OF CHILDREN (Write full name and list all)

GUARTE, KRISTINE MAY R.

DATE OF BIRTH (mm/dd/yyyy)

05/03/2005

27 NAME OF CHILDREN (Write full name and list all)

GUARTE, STEPHANIE R.

DATE OF BIRTH (mm/dd/yyyy)

09/06/2007

28 NAME OF CHILDREN (Write full name and list all)

GUARTE, ALVIN R.

DATE OF BIRTH (mm/dd/yyyy)

08/12/2009

29 NAME OF CHILDREN (Write full name and list all)

GUARTE, ANICA R.

DATE OF BIRTH (mm/dd/yyyy)

01/14/2010

30 NAME OF CHILDREN (Write full name and list all)

GUARTE, ELLA R.

DATE OF BIRTH (mm/dd/yyyy)

02/24/2020

III. EDUCATIONAL BACKGROUND

26 LEVEL

ELEMENTARY

NAME OF SCHOOL  
(Write in full)

CAROLIHAN ELEMENTARY  
SCHOOL

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)

PRIMARY EDUCATION

PERIOD OF ATTENDANCE

From

To

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)

GRADUATED

YEAR  
GRADUATED

1988

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

NONE

27 LEVEL

SECONDARY

NAME OF SCHOOL  
(Write in full)

VRINT JOSEPH  
COLLEGE

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)

HIGH SCHOOL

PERIOD OF ATTENDANCE

From

To

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)

GRADUATED

YEAR  
GRADUATED

1992

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

GOVERNMENT  
SCHOLAR

28 LEVEL

VOCATIONAL /  
TRADE COURSE

NAME OF SCHOOL  
(Write in full)

N/A

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)

N/A

PERIOD OF ATTENDANCE

From

To

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)

N/A

YEAR  
GRADUATED

N/A

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

N/A

29 LEVEL

COLLEGE

NAME OF SCHOOL  
(Write in full)

N/A

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)

N/A

PERIOD OF ATTENDANCE

From

To

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)

N/A

YEAR  
GRADUATED

N/A

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

N/A

30 LEVEL

GRADUATE STUDIES

NAME OF SCHOOL  
(Write in full)

N/A

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)

N/A

PERIOD OF ATTENDANCE

From

To

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)

N/A

YEAR  
GRADUATED

N/A

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

N/A

SIGNATURE

DATE

MARCH 5, 2020

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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	MARCH 5, 2020
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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

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	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A

(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)

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			
	LECTURE - DEMONSTRATION - WORK SHOP ON BIOFUELS	05/22/19	05/22/19	8	TECHNICAL	PERC, VSU
	ORIENTATION WORKSHOP AMONG JO CLERKS AND LABORATORY TECHNICIANS	01/15/19	01/15/19	8		
	ENERGY EFFECENCY & CONSERVATION	09/13/13	09/13/13	8	TECHNICAL	CONVENTION CENTER
	SEMINAR ON FIRE PREVENTION & SAFETY AWARENESS	03/25/13	03/25/13	8	TECHNICAL	CCE, VISAYAS STATE UNIVERSITY
	RESEARCH PROPOSAL PREPARATION & OPER /IPCR FORMULATED & IMPLEMENTATION	01/17/13	01/18/13	40	TECHNICAL	COLLEGE OF ENGINEER- ING CONFERENCE ROOM (EB 123) VSU
	ENHANCED TRAINING METHODOL- OGY 1 PLUS COURSE	01/19/11	01/24/11	40	TECHNICAL	OVPRC, VSU
	2 DAY TM 1 PLUS PREPA RATORY COURSE	01/17/11	01/18/11	16	TECHNICAL	OVPRC, VSU
	SEMINAR WORKSHOP ON PUBLIC ACCOUNTABILITY, CUSTOMER SERVICE PMS-OPES FOR ESD STAFF	01/19/10	01/19/10	8	TECHNICAL	CCE, VSU, VISCA, BAYBAY LEXTE
	TANDS ON TRAINING ON THE ORIENTATION AND MAINTENANCE OF PLANT OIL STOVE.	03/03/04	03/03/04	8	TECHNICAL	CROP PROCESSING BUILDING DAE, VSU, VISCA, BAYBAY LEXTE

(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)
	WELDING/FABRICATION		N/A		N/A
	LATHE MACHINING		N/A		N/A
	CARPENTRY		N/A		N/A
	TOPIARY & PLANT		N/A		N/A
	POT MAKING		N/A		N/A
	TOMBS STONE ENGRAVING		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	MARCH 05, 2020	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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input 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 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>JUNDY CASTIL</td><td>MARLOS, BAYBAY CITY, LEYTE</td><td>09124197540</td></tr><tr><td>PHILID CREAR ERIT</td><td>VSU, VISCA, BAYBAY CITY</td><td>09356306163</td></tr><tr><td>ANTONETTE CRUZ</td><td>ALBUERA LEYTE</td><td>09365169958</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JUNDY CASTIL	MARLOS, BAYBAY CITY, LEYTE	09124197540	PHILID CREAR ERIT	VSU, VISCA, BAYBAY CITY	09356306163	ANTONETTE CRUZ	ALBUERA LEYTE	09365169958
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ANTONETTE CRUZ	ALBUERA LEYTE	09365169958											
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><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: TIN: 437-579-974</td></tr><tr><td>ID/License/Passport No.: N/A</td></tr><tr><td>Date/Place of Issuance: 07/09/13</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: TIN: 437-579-974	ID/License/Passport No.: N/A	Date/Place of Issuance: 07/09/13	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished					
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Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>16 APR 2020</u> affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. RYAN C. GUINOCOR VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>		ATTY. RYAN C. GUINOCOR VSU LEGAL OFFICER	Person Administering Oath										
ATTY. RYAN C. GUINOCOR VSU LEGAL OFFICER													
Person Administering Oath													



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

Sample: If applying to Supervising Administrative Officer

- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Duration: NOVEMBER 11, 2015 - APRIL 4, 2019
- Position: LABORATORY TECHNICIAN
- Name of Office/Unit: DEPARTMENT OF MECHANICAL ENGINEERING
- Immediate Supervisor: JUNDY CASTIL
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY, VISCA  
BAYBY CITY, LEYTE

- List of Accomplishments and Contributions (if any)

- RESPONSIBLE IN ISSUING, RECEIVING, MONITORING AND SAFE KEEPING ON HAND TOOLS AND EQUIPMENTS IN THE WORKSHOP.
- MAINTAINED THE CLEANLINESS INSIDE AND OUTSIDE THE WORKSHOP.
- ASSISTED THE INSTRUCTORS, RESEARCHERS AND STUDENTS IN USING THE WORKSHOP TOOLS AND EQUIPMENTS.

- Summary of Actual Duties

- RESPONSIBLE OF ALL THE TOOLS AND EQUIPMENTS AS PROPERTY CUSTODIAN, ASSIST INSTRUCTORS IN LABORATORY CLASSES, ASSISTED & TRAINED THE STUDENTS IN SMAW WELDING, LATHE MACHINING & WOOD FABRICATION.

*[Signature]*

ALAN M. GUARTE

(Signature over Printed Name  
of Employee/Applicant)

Date: MARCH 5, 2020