

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 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	SINGSON		
FIRST NAME	ARGIE	NAME EXTENSION (JR., SR) JR.	
MIDDLE NAME	PALER		
3. DATE OF BIRTH (mm/dd/yyyy)	02/04/1971	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:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of 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"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street SITIO TAB-ANG KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'6"	ZIP CODE	6521-A
8. WEIGHT (kg)	78 kg		
9. BLOOD TYPE	"A"	18. PERMANENT ADDRESS	House/Block/Lot No. Street SITIO TAB-ANG KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521-A
11. PAG-IBIG ID NO.	916048312203		
12. PHILHEALTH NO.	13-000103555-0		
13. SSS NO.	061461388-3	19. TELEPHONE NO.	N/A
14. TIN NO.	188-261-488	20. MOBILE NO.	0975-3735411
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SINGSON		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIALYN	NAME EXTENSION (JR., SR)	JAMESLEE M. SINGSON	12/10/1999
MIDDLE NAME	MENDOZA		JEMAR M. SINGSON	04/03/2002
OCCUPATION	HOUSE WIFE		ANNALEAH M. SINGSON	11/18/2005
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SINGSON			
FIRST NAME	JAIME	NAME EXTENSION (JR., SR) SR.		
MIDDLE NAME	FERNANDEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	PALER			
FIRST NAME	ARSINIA			
MIDDLE NAME	MAROHOMSIAR			

(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	KILIM ELEMENTARY SCHOOL	PRIMARY EDUCATION	1978	1984	GRADUATED	1985	N/A
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION (FCIC)	SECONDARY EDUCATION GRADUATE	1985	1989	GRADUATED	1989	N/A
VOCATIONAL / TRADE COURSE	HILONGOS NATIONAL VOCATIONAL SCHOOL	VOCATIONAL	1991	1993	GRADUATED	1993	N/A
COLLEGE							
GRADUATE STUDIES							

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

ADOLF BRUNSEN

DATE	5/10/2017	CS FORM 212 (Revised 2017), Page 3 of 4
------	-----------	---

Heritability

Heritability

(Continue on separate sheet if necessary)

VIIA BAZEM O' COMODOS

DATE 5 5 5012

11/15/2014

LSU, ADMINISTRATIVE PERSONNEL ASSOCIATION

MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

NON-ACADEMIC DISTINCTIONS / RECOGNITION

32

SPECIAL SKILLS and HOBBIES

31.

VIII. OTHER INFORMATION

(Continue on separate sheet if necessary)

MANPOWER SKILL TRAINING WORKSHOP

NCII NATIONAL CERTIFICATE IN PLUMBING

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)

INCLUSIVE DATES OF
ATTENDANCE
(mm/dd/yyyy)

NUMBER OF HOURS

of LD
general/
tory/
all/etc)

CONDUCTED/SPONSORED BY

(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)

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

(Continue on separate sheet if necessary)

N/A

N/A

N/A

N/A

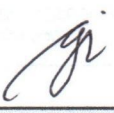
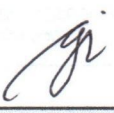
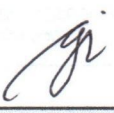
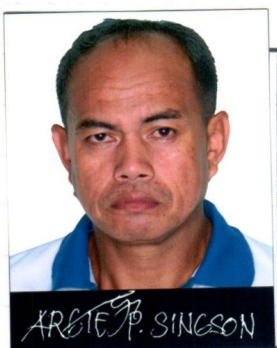
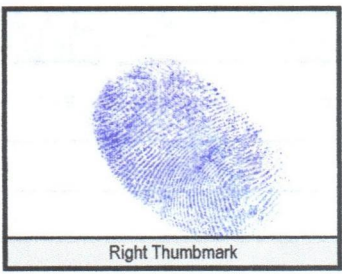
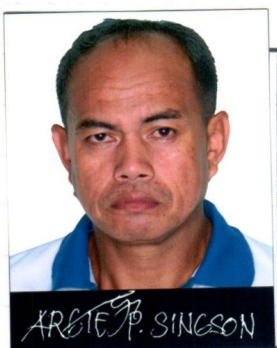
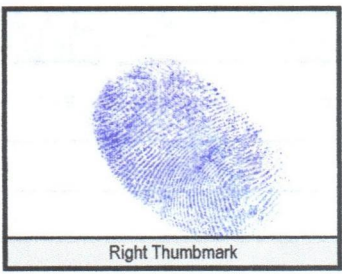
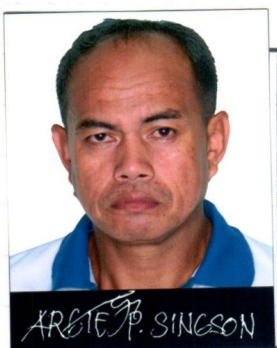
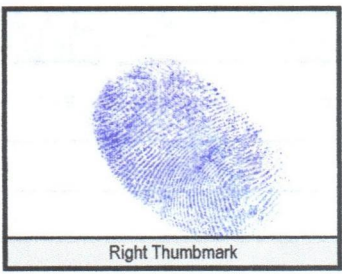



NAME & ADDRESS OF ORGANIZATION (Write in full)

INCLUSIVE DATES (mm/dd/yyyy)

NUMBER OF HOURS

POSITION / NATURE OF WORK

1. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / BUSINESS / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>ENGR. CELSO GUMAOD</td><td>VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE</td><td></td></tr><tr><td>ENGR. MARIO LILIO P. VALENZONA</td><td>VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE</td><td>9176341514</td></tr><tr><td>ENGR. ROBERTO GUARTE</td><td>VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE</td><td>9173108078</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	ENGR. CELSO GUMAOD	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE		ENGR. MARIO LILIO P. VALENZONA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9176341514	ENGR. ROBERTO GUARTE	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9173108078				
NAME	ADDRESS	TEL. NO.															
ENGR. CELSO GUMAOD	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE																
ENGR. MARIO LILIO P. VALENZONA	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9176341514															
ENGR. ROBERTO GUARTE	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	9173108078															
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 colspan="2">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:</td><td>VSU ID</td></tr><tr><td>ID/License/Passport No.:</td><td>V000896</td></tr><tr><td>Date/Place of Issuance:</td><td>02/20/2017 - 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		Government Issued ID:	VSU ID	ID/License/Passport No.:	V000896	Date/Place of Issuance:	02/20/2017 - BAYBAY CITY, LEYTE	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">1/17/2019</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		1/17/2019		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:	VSU ID																
ID/License/Passport No.:	V000896																
Date/Place of Issuance:	02/20/2017 - BAYBAY CITY, LEYTE																
																	
Signature (Sign inside the box)																	
1/17/2019																	
Date Accomplished																	
<table><tr><td> PHOTO</td><td> Right Thumbmark</td></tr></table>		 PHOTO	 Right Thumbmark														
 PHOTO	 Right Thumbmark																
SUBSCRIBED AND SWORN to before me this <u>JAN 22 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.																	
<table><tr><td colspan="2"> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath															
 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath																	

WORK EXPERIENCE SHEET

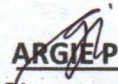
Instructions: 1. Include only the work experiences relevant to the position being applied to.

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.

- Duration: July 1, 2002- December 2018
- Position: Plumbing Foreman
- Name of: General Services Division
- Immediate Supervisor: Engr. Marlon G. Burlas
- Name of Agency/Organization and Location: VSU, Visca, Baybay City Leyte
- List of Accomplishments and Contributions (if any)
 - Installation of Fixtures and accessories

- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties: Installation of sewerage lines, repair/installation of toilet bowl, renovation of water lines

Attachment to CS Form No. 212


ARGIE P. SINGSON

(Signature over Printed Name
of Employee/Applicant)

Date: 1/17/19