CS Form	No.	212
Revised 20	017	

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 VASQUEZ NAME EXTENSION (JR., SR) FIRST NAME ATOZ MIDDLE NAME APOLINAR 3. DATE OF BIRTH 10/24/1991 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by naturalization by birth 4. PLACE OF BIRTH **ORMOC CITY** If holder of dual citizenship, Pls. indicate country: please indicate the details 5 SEX ✓ Male Female Single ✓ Married PUROK 2 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed House/Block/Lot No ☐ Separated BRGY, ALTA VISTA Other/s: Subdivision/Village Barangay ORMOC CITY LEYTE 7. HEIGHT (m) 1.60 City/Municipality Province 8. WEIGHT (kg) 60 **7IP CODE** 6541 18. PERMANENT ADDRESS PUROK 2 9. BLOOD TYPE AB+ House/Block/Lot No Street BRGY, ALTA VISTA 10 GSIS ID NO NA Subdivision/Village Barangay ORMOC CITY LEYTE 11. PAG-IBIG ID NO Citv/Municipality Province 12. PHILHEALTH NO 010513863794 ZIP CODE 6541 13 SSS NO 06-3231862-3 19. TELEPHONE NO. 14. TIN NO. 311-193-204 20. MOBILE NO. +639166983702 15. AGENCY EMPLOYEE NO NA 21 F-MAIL ADDRESS (if any) **FAMILY BACKGROUND** 22 SPOUSE'S SURNAME VASQUEZ 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME **JONALYN** 09/25/1992 AJ YSABELLE GELIM VASQUEZ MIDDLE NAME GEL IM 03/27/2016 OCCUPATION HOUSEWIFE EMPLOYER/BUSINESS NAME NA **BUSINESS ADDRESS** NA TELEPHONE NO NA 24. FATHER'S SURNAME VASQUEZ 08/26/1959 NAME EXTENSION (JR., SR) FIRST NAME **ALFREDO** MIDDLE NAME ORTEGA 25. MOTHER'S MAIDEN NAME **REGINA ANDO APOLINAR** 08/05/1961 VASQUEZ SURNAME FIRST NAME REGINA MIDDLE NAME **APOLINAR** (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ HIGHEST LEVEL 26 PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YFAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To ELEMENTARY PUNTA ELEMENTARY SCHOOL (PES) BASIC EDUCATION (ELEMENTARY) 2003 2003 ALEDICTORIAN 1996 **NEW ORMOC CITY NATIONAL HIGH SCHOOL** SECONDARY 1ST HONORABLE BASIC EDUCATION (HIGH SCHOOL) 2003 2007 2007 (NOCNHS) VOCATIONAL / NA NA NA NA NA TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY (VSU) BACHELOR OF SCIENCE IN CHEMISTRY 2007 2011 2011 AGNA CUM LAUD SPECIAL COURSE ON WATER-ROCK GRADUATE STUDIES UNIVERSITY OF OREGON CERTIFICATION MAR 2015 JUN 2015 NA **JUN 2015** INTERACTION (Continue on separate sheet if necess SIGNATURE DATE 01/30/2020 CS FORM 212 (Revised 2017), Page 1 of 4

	SPECIAL LAWS/		RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if	Date
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VII. LEARNING AND DEVELOPMEN Start from the most recent L&D/training program	T (L&D) INTERVENTIONS/TRAI	INING PROGE	RAMS ATTEN	IDED	## 1 P# 1 P		
(Start from the most recent L&D/training program and include only the relevant L&D/training 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
NON-DEGREE SPECIALIZED TRAININ INTERACTI	G COURSE ON WATER-ROCK ON	03/28/2015	06/20/2015	440	TECHNICAL	DR. MH REED, UNIVERSITY OF OREGON/ SPONSORED BY ENERGY DEVELOPMENT	
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III. OTHER INFORMATION	(C	Continue on separa	nte sheet if necess	sary)			
31. SPECIAL SKILLS and HOBBIES	32. NON	N-ACADEMIC DIST (Wri	INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COOKING	FLORENCIO GABRIEL G NOEL AWARD OF EXCELLENCE					NGAP (NATIONAL GEOTHERMAL ASSOCIATION OF THE PHILIPPINES)	
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R SOFTWARE CODING	EDGARDO	J. ANGARA AV	NARD OF EXC				
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SIGNATURE	Cal	manac o.; ocp	DATE		2020	CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO☐ YES ☑ NO☐ If YES, give details:				
	5. William the regular degree for Eocal Government onte - care					
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:				
	b. Have you been criminally charged before any court?	If YES INO If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir 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)?	YES If YES, give details:				
90 H	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	YES If YES, give details:	☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please);			
a.	Are you a member of any indigenous group?		YES If YES, please specify:	☑ NO		
b.	Are you a person with disability?	YES If YES, please specify	☐ YES ☑ NO If YES, please specify ID No:			
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	JOEFFREY A. CARANTO	EDC, ORTIGAS CENTER, PASIG	(02) 7755 2332	26		
	VAL MAVERICK ABECIA	EDC, ORTIGAS CENTER, PASIG	(02) 7755 2332	6		
	JACQUELINE MENDOZA-DUCLAYAN	EDC, ORTIGAS CENTER, PASIG	(02) 7755 2332			
42.	I declare under oath that I have personally accomplished thi statement pursuant to the provisions of pertinent laws, rules the agency head / authorized representative to verify, misrepresentation made in this document and its attachmagainst me.	and regulations of the Republic of the Ph Validate the contents stated herein.	nilippines. I authorize I agree that any	VASQUEZ, ATOZ A.		
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	CO P	<u> </u>			
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-	D/License/Passport No.: EC3329710 ate/Place of Issuance: JANUARY 31, 2015/DFA MANILA	Signature (Sign inside the b	oox)			
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	SUBSCRIBED AND SWORN to before me this []	, affiant exhibiting	g his/her validly issued gove	ernment ID as indicated above.		
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