

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	OCLINARIA		
FIRST NAME	WENIFREDA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TANQUEZON		
3. DATE OF BIRTH (mm/dd/yyyy)	6/18/1956	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: <div></div>
4. PLACE OF BIRTH	Saint Bernard, Southern Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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)	1.534	17. RESIDENTIAL ADDRESS	112 Warner Apartment Warner Street House/Block/Lot No. Street Staff Housing, Visayas State University Visca, Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
8. WEIGHT (kg)	50	ZIP CODE	6521
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	112 Warner Apartment Warner Street House/Block/Lot No. Street Staff Housing, Visayas State University Visca, Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	856MJWT0018	ZIP CODE	6521
11. PAG-IBIG ID NO.	801 590 620 3	19. TELEPHONE NO.	None
12. PHILHEALTH NO.		20. MOBILE NO.	09159672203
13. SSS NO.	NA	21. E-MAIL ADDRESS (if any)	wennieoclinaria@yahoo.com
14. TIN NO.	104770605		
15. AGENCY EMPLOYEE NO.	V000371		

II. FAMILY BACKGROUND

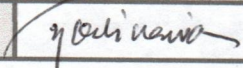
22. SPOUSE'S SURNAME	OCLINARIA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PEDRO	NAME EXTENSION (JR., SR)	None	
MIDDLE NAME	DAMING			
OCCUPATION	OFW			
EMPLOYER/BUSINESS NAME	Saudi Oger LTd.			
BUSINESS ADDRESS	Al Khozam Palace, Kingdom of Saudi Arabia			
TELEPHONE NO.				
24. FATHER'S SURNAME	TANQUEZON			
FIRST NAME	EMETERIO (Deceased)	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GARCIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MARGAS			
FIRST NAME	CONSORCIA (Deceased)			
MIDDLE NAME	HEMENTISA			

(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	MAGATAS ELEMENTARY SCHOOL AND CATMON COMMUNITY SCHOOL		6/6/1962	4/6/1968		1968	1st Honorable mentionm
SECONDARY	VISAYAS AGRICULTURAL COLLEGE (Now Visayas State University)		6/6/1968	4/6/1972		1972	Valedictorian
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF THE PHILIPPINES AT LOS BAÑOS, LAGUNA	BS AGRICULTURE	6/6/1973	4/6/1979		1979	Scholar ng Bawan
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES AT PADRE FAURA, MANILA AND CEBU NORMAL	MASTER OF PUBLIC HEALTH AND MASTER OF PUBLIC ADMINISTRATION, RESPECTIVELY	6/6/1985 / 06/06/1990	4/6/1986 / 04/06/1993	34 units	1986 / 1993	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/26/2017	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE

DATE _____

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VI. VOLUNTARY WORK OR INVOLVEMENT IN COUNTRY / 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		
	Brotherhood for Christian Businessman and Professionals	6/12/2000	Present	weekend only	Member, Music Ministry
	Lions Club International (Baybay Crystal)	6/12/2011	Present	weekend only	Auditor

(Continue on separate sheet if necessary)

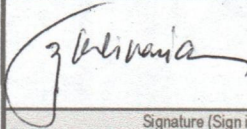
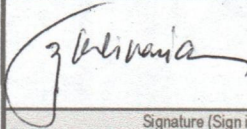
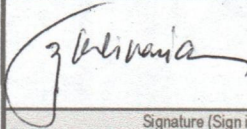
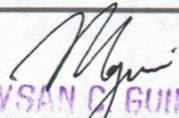
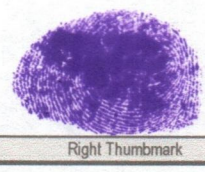
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(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)
Playing keyboard, Reading Newspaper	Certificate of Merit, ROTC Sponsors Adviser	Regular Member, PACSA
Ballroom Dancing, Horseback Riding	Loyalty Award, PACSA	Regular Member, PGPA
Singing Religious and Love songs	Loyalty Award (Service) Student Adviser	Regular Member, AdPA
Watching TV, Gardening, Internet Search, FB	Best Administrative Staff Award	
	Best Alumna Award	
	Service Award (VSU)	

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Anabella B. Tulin</td> <td>VSU, Visca, Baybay City, Leyte</td> <td></td> </tr> <tr> <td>Dr. Victor B. Asio</td> <td>VSU, Visca, Baybay City, Leyte</td> <td></td> </tr> <tr> <td>Dr. Manuel K. Palomar</td> <td>San Agustin, Baybay City, Leyte</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Anabella B. Tulin	VSU, Visca, Baybay City, Leyte		Dr. Victor B. Asio	VSU, Visca, Baybay City, Leyte		Dr. Manuel K. Palomar	San Agustin, Baybay City, Leyte	
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Dr. Manuel K. Palomar	San Agustin, Baybay City, Leyte												
<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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: VSU Employee ID No. V000371</td> </tr> <tr> <td>ID/License/Passport No.: EC2806881</td> </tr> <tr> <td>Date/Place of Issuance: 22Nov2014/DFA TACLOBAN</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 Employee ID No. V000371	ID/License/Passport No.: EC2806881	Date/Place of Issuance: 22Nov2014/DFA TACLOBAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 4/25/2017 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 4/25/2017 Date Accomplished							
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this <u>APR 26 2017</u></p> </div> <div style="width: 50%;"> <p>affiant exhibiting his/her validly issued government ID as indicated above.</p> </div> </div> <div style="text-align: center; margin-top: 10px;">  ATTY. RYSAN C. GUINOCOR Person Administering Oath </div> <div style="text-align: center; margin-top: 10px;">  Right Thumbmark </div>													
<p style="text-align: center;">NOTARY PUBLIC NAME: RYSAN C. GUINOCOR PTR 3:5-1807 - BAYBAY, LEYTE - 1/12/17 IB0-03-244 - TACLOBAN CITY - 12/19/16 MCLE COMPL. NO. V-0007733 - 07/20/15 ROLL OF ATTORNEYS NO. 57467</p>													