

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	VILLARUEL		
FIRST NAME	JENZEN JHON	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MANAGBANAG		
3. DATE OF BIRTH (mm/dd/yyyy)	January 10, 1990	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	Manila	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 Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	176	ZIP CODE	Pangasugan Leyte
8. WEIGHT (kg)	75kg		
9. BLOOD TYPE	"A+"		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	1211-0056-4035	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
12. PHILHEALTH NO.	03-050847343-1	ZIP CODE	6521-A
13. SSS NO.		19. TELEPHONE NO.	NONE
14. TIN NO.	317-530-223	20. MOBILE NO.	09655708895 TM, 09300200300 SMART
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	jenzenjhonvillaruel@gmail.com

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	KHIEL KYRIE T. VILLARUEL	April 02, 2013
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ULBORA			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VILBAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	VILLARUEL			
FIRST NAME	ANNA LIZA			
MIDDLE NAME	MANAGBANAG			

(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	PANGASUGAN ELEMENTARY SCHOOL		1996	2002	GRADUATED	2002	NONE
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION		2002	2006	GRADUATED	2006	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ANIMAL SCIENCE	2007		1st semester		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/19/19	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	---	------	---------	---



## IV. CIVIL SERVICE ELIGIBILITY


27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
					NUMBER	Date of Validity
	NC II in DRIVING		02-13-2019	BAYBAY TECHNICAL VOCATIONALL TRAINING CENTER		02-13-2024
	DRIVER's LICENSE		05-20-2019	LTO, Baybay City, Leyte	H12-002166	01-10-2024


(Continue on separate sheet if necessary)


V. WORK EXPERIENCE	
--------------------	--

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/19/16	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	---------	---

SIGNATURE		DATE	6/19/16	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	---------	---

SIGNATURE		DATE	6/19/16	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	---------	---



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

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)

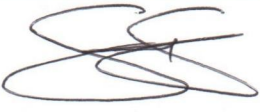
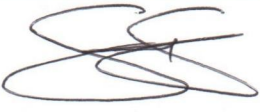
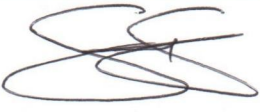



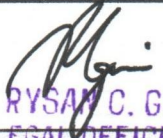
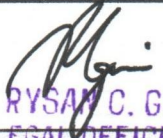
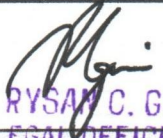
#### VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING SKILLS	CERTIFICATE OF APPRECIATION FOR ACTIVELY SERVING AS FACILITATOR ON FIRE AND EARTHQUAKE DRILL HELD ON NOVEMBER 19, 2016 AT THE DEPARTMENT OF CONSUMER & HOSPITALITY MANAGEMENT (DCHM)	KNIGHTS OF COLUMBUS
COMPUTER SKILLS		
BASKETBALL SKILLS	CERTIFICATE OF RECOGNITION FOR HELPING AND ASSISTING THE BAYBAY CITY FIRE STATION PERSONNEL IN THE SUPPRESSION OPERATION DURING FIRE EMERGENCY AT BRGY. SABANG, BAYBAY CITY, LEYTE ON APRL 06, 2018	
	CERTIFICATE OF RECOGNITION FOR HELPING AND ASSISTING THE BAYBAY CITY FIRE STATION PERSONNEL IN THE SUPPRESSION OPERATION DURING FIRE EMERGENCY AT BRGY. MARCOS, BAYBAY CITY, LEYTE ON APRL 09, 2018	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	6/15/19	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	---	------	---------	---



34. Are you related by consanguinity or affinity to the appointing or recommending authority, 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>HON. DEXTER MAGAN</td><td>BRGY. PANGASUGAN, BAYBAY CITY</td><td></td></tr><tr><td>MS. MATET DE LA PEÑA</td><td>BRGY. PANGASUGAN, BAYBAY CITY</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	HON. DEXTER MAGAN	BRGY. PANGASUGAN, BAYBAY CITY		MS. MATET DE LA PEÑA	BRGY. PANGASUGAN, BAYBAY CITY				
NAME	ADDRESS	TEL. NO.												
HON. DEXTER MAGAN	BRGY. PANGASUGAN, BAYBAY CITY													
MS. MATET DE LA PEÑA	BRGY. PANGASUGAN, BAYBAY CITY													
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, GSI, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: H1213002166</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY / 5/20/19</td></tr></table>		Government Issued ID (i.e. Passport, GSI, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: DRIVER'S LICENSE	ID/License/Passport No.: H1213002166	Date/Place of Issuance: BAYBAY CITY / 5/20/19	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>6/19/19</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	6/19/19	Date Accomplished				
Government Issued ID (i.e. Passport, GSI, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance														
Government Issued ID: DRIVER'S LICENSE														
ID/License/Passport No.: H1213002166														
Date/Place of Issuance: BAYBAY CITY / 5/20/19														
														
Signature (Sign inside the box)														
6/19/19														
Date Accomplished														
		<table><tr><td>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable</td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable	PHOTO		Right Thumbmark								
ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name  Computer generated or photocopied picture is not acceptable														
PHOTO														
														
Right Thumbmark														
SUBSCRIBED AND SWORN to before me this 02 JUL 2019, affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td> 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														