

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	BAGARINAO		
FIRST NAME	EDWIN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	VEGA		
3. DATE OF BIRTH (mm/dd/yyyy)	8/2/1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	627
7. HEIGHT (m)	1.65	House/Block/Lot No.	Street
8. WEIGHT (kg)	80	MARCOS	
9. BLOOD TYPE	"B"	Subdivision/Village	
10. GSIS ID NO.	NA	Baybay City	Leyte
11. PAG-IBIG ID NO.	1212-0382-8752	City/Municipality	Province
12. PHILHEALTH NO.	13-000103045-1	ZIP CODE	6521
13. SSS NO.	06-3040821-8	18. PERMANENT ADDRESS	627
14. TIN NO.	186-768-215	House/Block/Lot No.	
15. AGENCY EMPLOYEE NO.	V000-815	MARCOS	
		Subdivision/Village	
		Baybay City	Leyte
		City/Municipality	Province
		ZIP CODE	6521
		19. TELEPHONE NO.	NA
		20. MOBILE NO.	0916-715-9761
		21. E-MAIL ADDRESS (if any)	NA

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	BAGARINAO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DELIA	NAME EXTENSION (JR., SR) N/A	MAYBELLE T. BAGARINAO	2/5/1984
MIDDLE NAME	TARE		MYLA B. MANTUA	9/26/1992
OCCUPATION	HOUSEKEEPER		MERWIN T. BAGARINAO	8/19/1995
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	BAGARINAO			
FIRST NAME	ANTONIO	SR		
MIDDLE NAME	VEGA			
25. MOTHER'S MAIDEN NAME				
SURNAME	VEGA			
FIRST NAME	MAXIMA			
MIDDLE NAME	PALOMA			

(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	LIGAYA ELEMENTARY SCHOOL	Primary Education	1971	1979	Diploma	1979	Diploma
SECONDARY	JOSE L. VALENCIA ACADEMY	High School	1979	1984	Dipbma	1976	Diploma
VOCATIONAL / TRADE COURSE	GEN. SANTOS CITY INSTITUTE OF TECH.	INDUSTRIAL ELECTRICITY	1984	1986	TOR	1986	
COLLEGE	NA	NA					
GRADUATE STUDIES	None	None					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06-08-24
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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
	N.A.					

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

00-08-21

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A				

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

[illegible]

VIII. OTHER INFORMATION

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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 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)		
NAME	ADDRESS	TEL. NO.
LOURDES B. LESIDAN	Marcos, Baybay City, Leyte	
FELIX L. OCON	Gabas, Baybay City, Leyte	
FELICIANO G. SINON	VSU, Baybay City, Leyte	
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.		



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.: H03-03-050657 Date/Place of Issuance: 8/2/16 Baybay City	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px; text-align: center; line-height: 60px;"> </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; text-align: center; line-height: 20px;"> Signature (Sign inside the box) </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; text-align: center; line-height: 20px;"> 06-08-21 </div> <div style="border: 1px solid black; height: 20px; text-align: center; line-height: 20px;"> Date Accomplished </div>	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px; text-align: center; line-height: 60px;"> </div> <div style="border: 1px solid black; height: 20px; text-align: center; line-height: 20px;"> Right Thumbmark </div>
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SUBSCRIBED AND SWORN to before me this <u>7/1/2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
<div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 5px;"> </div> <div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 5px;"> ATTY. RYSA M. C. GUINOCOR VSU Chief Legal Officer </div> <div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 5px;"> Person Administering Oath </div>	