

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	BALONDO		
FIRST NAME	ERN OLIVER		NAME EXTENSION (JR., SR)
MIDDLE NAME	CARREON		
3. DATE OF BIRTH (mm/dd/yyyy)	10/02/1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	NAVAL GEN. HOSPITAL, NAVAL, BILIRAN	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input 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)	1.68		
8. WEIGHT (kg)	85	ZIP CODE	6521
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	ZIP CODE	6560
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09203111980
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	balondoern@gmail.com / ecbalondo@up.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BALONDO			
FIRST NAME	ERNESTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SABITSANA			
25. MOTHER'S MAIDEN NAME	EDITA S. CARREON			
SURNAME	BALONDO			
FIRST NAME	EDITA			
MIDDLE NAME	CARREON			

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	MASAGONGSONG ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2007		2007	CLASS VALEDICTORIAN
SECONDARY	NAVAL STATE UNIVERSITY-LABORATORY HIGH SCHOOL	HIGH SCHOOL	2007	2011		2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETRINARY MEDICINE, BACHELOR OF SCIENCE IN BIOLOGY	2011	2016		2016	N/A
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES- LOS BANOS	MASTER OF SCIENCE IN BOTANY	2016	PRESENT	34 UNITS		DOST-ASTHRDP

SIGNATURE	Ecbalondo	DATE	FEBRUARY 05, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Ecatondo</i>	DATE	FEBRUARY 05, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(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)
PLANT COLLECTION AND PROPAGATION	N/A	VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION
MICROSCOPY		




(Continue on separate sheet if necessary)

SIGNATURE	<i>Eatalondo</i>	DATE	FEBRUARY 5, 2019	CS FORM 212 (Revised 2017), Page 3 of 4
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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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ FINISHED CONTRACT
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)	 PHOTO												
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. BEATRIZ S. BELONIAS</td><td>OFFICE OF THE VICE-PRESIDENT, VSU, BAYBAY</td><td></td></tr><tr><td>DR. ANALYN M. MAZO</td><td>HEAD, DEPARTMENT OF BIOLOGICAL SCIENCES, VSU-BAYBAY</td><td></td></tr><tr><td>DR. DAMASA M. MACANDOG</td><td>LIDAR OFFICE, UP-LOS BANOS, LAGUNA</td><td>N/A</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. BEATRIZ S. BELONIAS	OFFICE OF THE VICE-PRESIDENT, VSU, BAYBAY		DR. ANALYN M. MAZO	HEAD, DEPARTMENT OF BIOLOGICAL SCIENCES, VSU-BAYBAY		DR. DAMASA M. MACANDOG	LIDAR OFFICE, UP-LOS BANOS, LAGUNA	N/A
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DR. DAMASA M. MACANDOG	LIDAR OFFICE, UP-LOS BANOS, LAGUNA	N/A											
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, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: VOTER'S ID</td></tr><tr><td>ID/License/Passport No.: 7808-0125A-J0294ECB10000</td></tr><tr><td>Date/Place of Issuance: NAVAL, BILIRAN</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: VOTER'S ID	ID/License/Passport No.: 7808-0125A-J0294ECB10000	Date/Place of Issuance: NAVAL, BILIRAN	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>FEBRUARY 05, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	FEBRUARY 05, 2019	Date Accomplished	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark
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SUBSCRIBED AND SWORN to before me this <u>FEB 12 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.		
<table><tr><td> ATTY. RYSZARD QUINOCOR VSU LEGAL COUNSEL Person Administering Oath</td></tr></table>		 ATTY. RYSZARD QUINOCOR VSU LEGAL COUNSEL Person Administering Oath
 ATTY. RYSZARD QUINOCOR VSU LEGAL COUNSEL 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.

Sample: If applying to Supervising Administrative Officer

- Duration: February 11, 2011 – present
- Position: Human Resource Management Officer III
- Name of Office/Unit: Finance and Administrative Service
- Immediate Supervisor: Maria Estrada
- Name of Agency/Organization and Location: Department of Human Resources, Metro Manila
- List of Accomplishments and Contributions (if any)
 - Developed recruitment plan
 - Designed training program for retirees under EO 366
- Summary of Actual Duties
 - Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department; provides assistance in the management of the Division's programs and activities and performs other related functions.

• NONE

E. Oliver Balondo

ERN OLIVER BALONDO

(Signature over Printed Name
of Employee/Applicant)

Date: Feb. 05, 2019