

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	GUARTE	NONE	
FIRST NAME	ALAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MARION		
3. DATE OF BIRTH (mm/dd/yyyy)	07 / 17 / 1974	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	MAARIN CITY, SOUTHERN LEYTE	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 SUBANTA CRUZ Subdivision/Village Barangay RAYDAY CITY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.63		
8. WEIGHT (kg)	77.7		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	House/Block/Lot No. Street CABULIHAN Subdivision/Village Barangay MAARIN CITY SOUTHERN LEYTE City/Municipality Province ZIP CODE 6600
10. GSIS ID NO.	0917888 4363		
11. PAG-IBIG ID NO.	13-050039522-3		
12. PHILHEALTH NO.	0622761549		
13. SSS NO.	437-579-974	19. TELEPHONE NO.	N/A
14. TIN NO.		20. MOBILE NO.	09264808423
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GUARTE	NONE	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EVANGELINE	NAME EXTENSION (JR., SR)	GUARTE ANGELICA R.	06 / 11 / 2002
MIDDLE NAME	ROCABELA		GUARTE KRNTINE MAY R.	05 / 03 / 2005
OCCUPATION	HOUSE WIFE		GUARTE STEPHANIE R.	09 / 06 / 2007
EMPLOYER/BUSINESS NAME	N/A		GUARTE ALVIN R.	08 / 12 / 2009
BUSINESS ADDRESS	N/A		GUARTE ANICA R.	01 / 14 / 2018
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GUARTE	NONE		
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANTILLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MARION			
FIRST NAME	PRECINA			
MIDDLE NAME	PAMANDONG			

(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	CABULIHAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1982	1988	GRADUATED	1988	NONE
SECONDARY	SANT JOSEPH COLLEGE	HIGH SCHOOL	1988	1992	GRADUATED	1992	GOVERNMENT SCHOLAR
VOCATIONAL / TRADE COURSE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	NONE	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	AA	DATE	03/18/2019	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

V. WORK EXPERIENCE

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

[illegible]

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VI. VOLUNTARY WORK OR INVOLVEMENT IN NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NONE	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D training program and include only the relevant L&D training takes for the last five (5) years for Director/Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ORIENTATION WORKSHOP AMONG JO CLERKS AND LABORATORY TECHNICIANS.	01/15/19	01/15/19	8	TECHNICAL	KT FLOOR CCE BUILDING, VSV
	SEMINAR ON FIRE PREVENTION AND SAFETY AWARENESS	04/25/13	04/25/13	8	TECHNICAL	CCE, VISHAYAS STATE UNIVERSITY
	ENERGY EFFICIENCY AND CONSERVATION SEMINAR.	03/13/13	03/13/13	8	TECHNICAL	CONVENTION CENTER VSV
	RESEARCH PROPOSAL PREPARATION AND OPCR / IPCR FORMULATION REFINEMENT TATION.	01/14/13	01/19/13	40	TECHNICAL	COLLEGE OF ENGINEERING, CONFERENCE ROOM (CR 103) VSV
	ENHANCED TRAINORS METHODOLOGY 1 PLUS COURSE	01/19/11	01/24/11	40	TECHNICAL	CVPRE, VSV
	2 DAY TM 1 PLUS COURSE	01/17/11	01/18/11	16	TECHNICAL	CVPRE, VSV
	SEMINAR WORKSHOP ON PUBLIC ACCOUNTABILITY CUSTOMER SERVICE FMEA/OPES for CSD STAFF.	01/14/10	01/19/10	8	TECHNICAL	CCE, VSV, VRCA, BAYBAY LEXTE
	HANDS ON TRAINING ON THE ORIENTATION AND MAINTENANCE OF PLANT OIL STOVE	04/03/09	04/03/09	8	TECHNICAL	CROP PROCESSING BUILDING, DAE, VSV, VRCA, BAYBAY LEXTE.

(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)
	WELDING AND FABRICATION		NONE		NONE
	LATHE MACHINING				
	CARPENTRY				
	TOPIARY & PLANT POT MAKING				
	TOMB STONE ENGRAVING				

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	03/19/2019	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)?

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO
If YES, give details (country): _____

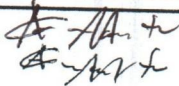
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:
a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
JUNDY CASTIL	BARCOS, BAYBAY CITY, LEYTE	09124147546
PHILIP CAEZAR ERIT	KU, VINCA, BAYBAY CITY, LEYTE	09450306153
ANTONETTE CRUZ	ALBUERA LEYTE	09360164958

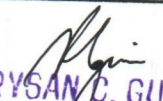
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate 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 TIN: 437-579-974
ID/License/Passport No.
Date/Place of Issuance 07/09/13


Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this APR 02 2019, affiant exhibiting his/her validly issued government ID as indicated above.


ATTY. RYSAN C. GUINOCOR
VSU LEGAL OFFICER
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: NOVEMBER 11, 2015 - PRESENT
- Position: LABORATORY TECHNICIAN
- Name of Office/Unit: DEPARTMENT OF MECHANICAL ENGINEERING
- Immediate Supervisor: JUNDY CASTIL
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE
- List of Accomplishments and Contributions (if any)
 - RESPONSIBLE IN ISSUING, RECEIVING, MONITORING AND SAFE KEEPING ON HAND TOOLS AND EQUIPMENT IN THE WORKSHOP.
 - MAINTAINED THE CLEANLINESS INSIDE AND OUTSIDE THE WORKSHOP.
 - ASSISTED THE INSTRUCTORS, RESEARCHERS AND STUDENTS IN USING THE WORKSHOP TOOLS AND EQUIPMENT.
- Summary of Actual Duties
 - RESPONSIBLE OF ALL THE TOOLS AND EQUIPMENTS AS PROPERTY CUSTODIAN, ASSIST INSTRUCTORS IN LABORATORY CLASS, ASSIST TRAINED THE STUDENTS ESPECIALLY IN SMAW WELDING & LATHE MACHINING.

- Duration: APRIL 01, 2008 - OCTOBER 31, 2015
- Position: FOREMAN WELDER MACHINIST
- Name of Office/Unit: INSTRUMENTATION AND LABORATORY FACILITIES MAINTENANCE UNIT
- Immediate Supervisor: LEGARDO RAMOS
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE.
- List of Accomplishments and Contributions (if any)
 - DESIGNED AND FABRICATED SWEEPING MACHINE
 - RESPONDED AND MONITORED ALL JOB REQUESTS ABOUT AIR CON REPAIR & INSTALLATION AND OTHER FACILITIES ALSO.
 - PROGRAMMED THE MAINTENANCE OF ALL VSU WU AIRCONS FOR MAINTENANCE.
- Summary of Actual Duties
 - CONTRIBUTED THE ILMFD ON ALL ASPECTS FOR CLIENTS SATISFACTION,

Alan M. Guante
ALAN M. GUANTE

(Signature over Printed Name
of Employee/Applicant)

Date: APRIL 4, 2019