

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	PATONONA		
FIRST NAME	CONSTANCIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	RALLOS		
3. DATE OF BIRTH (mm/dd/yyyy)	8/26/2017	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BRGY. PANGASUGAN, BAYBAY CITY	If holder of dual citizenship, please indicate the details. Pls. indicate country:	
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	
7. HEIGHT (m)	1.73 M.	House/Block/Lot No.	Street
8. WEIGHT (kg)	67 KGS.	Subdivision/Village	PANGASUGAN
9. BLOOD TYPE	AB	City/Municipality	LEYTE
10. GSIS ID NO.	006010263417	ZIP CODE	6521
11. PAG-IBIG ID NO.	1700-0028-3634	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-000015568-4	House/Block/Lot No.	Street
13. SSS NO.	N/A	Subdivision/Village	PANGASUGAN
14. TIN NO.	116-626-211	City/Municipality	CITY
15. AGENCY EMPLOYEE NO.	V000396	ZIP CODE	6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	N/A
		21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PATONONA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VERONICA	NAME EXTENSION (JR., SR)	WILLIAM M. PATONONA	1/1/1980
MIDDLE NAME	MARANGUIT		REX M. PATONONA	8/5/1981
OCCUPATION	HOUSEWIFE		DINDO M. PATONONA	7/27/1985
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PATONONA			
FIRST NAME	INOCENTE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MORO			
25. MOTHER'S MAIDEN NAME				
SURNAME	RALLOS			
FIRST NAME	DOMINGA			
MIDDLE NAME	BAGARINAO			

(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	PRIMARY LEVEL	1964	1970	GRADE-IV	N/A	N/A
	SECONDARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	C. Patonona	DATE	April 25, 2017
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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 / CONFIRMATION	PLACE OF EXAMINATION / CONFIRMATION	LICENSE (if applicable)	
				NUMBER	Date of Validity
N/A	N/A	N/A	N/A	N/A	N/A

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-00") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)	
							From
91/01/2017	PRESENT	ADM AIDE - I	VISAYAS STATE UNIVERSITY - LIBRARY	10453.00	NBC562	PERMANENT	Y
7/1/2007	1/1/2016	ADM. AIDE - I	VISAYAS STATE UNIVERSITY - LIBRARY	9948.00	NBC562	PERMANENT	Y
12/1/2004	6/30/2007	ADM. AIDE - I	LEYTE STATE UNIVERSITY - LIBRARY	5338.00	JNTCSCDB M1	PERMANENT	Y
12/6/1999	12/6/2002	UTILITY WORKER I	LEYTE STATE UNIVERSITY - LIBRARY	5339.00	NBC 516	PERMANENT	Y
7/1/1989	1/1/1999	UTILITY WORKER I	VISAYAS STATE COLLEGE OF AGRIC. - LIBRARY	200.00/DAY	SRVBRK	DAILY	Y
6/16/1982	12/14/1987	JANITOR	VISAYAS STATE COLLEGE OF AGRIC. - LIBRARY	90.90/DAY	SRVBRK	DAILY	Y
4/1/1981	6/30/1981	UTILITYMAN	VISAYAS STATE COLLEGE OF AGRIC. - LIBRARY	13.00/DAY	REAPPT.	DAILY	Y
6/1/1979	3/31/1982	LABORER	VISAYAS STATE COLLEGE OF AGRIC. - LIBRARY	13.00/DAY	REAPPT.	DAILY	Y

SIGNATURE

C. Patonona

DATE

9/25/2017

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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2007	PRESENT	N/A	MEMBER - Career Progression
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	If YES, give details:				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				a. Have you ever been found guilty of any administrative offenses?
	If YES, give details:				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. Have you been criminally charged during any reporting period?
	If YES, give details:				
	Date Filled:				

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

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			
N/A		N/A	N/A	N/A	N/A	
	<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:					
	<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 (country):					
						Pursuant to: (a) Indigenous People's Act (RA 897); (b) Madras Care for Disabled Persons (RA 707); and (c) Safe Parents Welfare Act of 2000 (RA 9372), please answer the following items: Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?
	<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. _____					

REFERENCES (Person not listed by congressional or official sponsor)

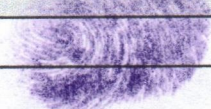
NAME		MS. ANDREI D. PARDALES	
ADDRESS		BRGY. GUADALUPE, BAYBAY CITY	
TEL. NO.		563-7512	
NAME		MR. VICENTE A. GILOS	
ADDRESS		VNU	
TEL. NO.		563-7512	
NAME		MS. SHEIRA MAY T. CAMACHO	
ADDRESS		VNU	
TEL. NO.		563-7512	

Computer generated
signature
is not acceptable

Printed name
name tag and signature over
ID picture latest within
three (3) months
3.5 cm x 4.5 cm
(passport size)

(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)
GARDENING		N/A		N/A	

(Continue on separate sheet if necessary)

		(Continue on separate sheet if necessary)	
SIGNATURE	C. Patonena	DATE	4/25/2017

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)?

35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

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?

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?

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

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
MS. ANDRELI D. PARDALES	BRGY. GUADALUPE, BAYBAY CITY	563-7512
MR. VICENTE A. GILOS	VSU	563-7512
MS. SHEIRA MAY T. CAMACHO	VSU	563-7512

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: VSU ID V000396

ID/License/Passport No.: N/A

Date/Place of Issuance: N/A

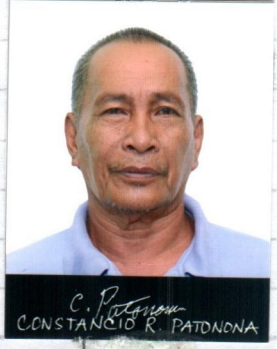
NON-ACADEMIC DISTINCTIONS / RECOGNITION

C. Patonoma

Signature (Sign inside the box)

4/25/2017

Date Accomplished



SUBSCRIBED AND SWORN to before me this APR 26 2017, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSANE GUINOCOR

Person Administering Oath