

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	POSAS		
FIRST NAME	JERRY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BANTACULO		
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 17, 1970	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	BRGY. MARCOS BAYBAY CITY 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	789 MARCOS House/Block/Lot No. Street MARCOS MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5 " 10	ZIP CODE	
8. WEIGHT (kg)	82 Kgs		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	789 MARCOS House/Block/Lot No. Street MARCOS MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	70051701389	ZIP CODE	
11. PAG-IBIG ID NO.	1700-0025-8866		
12. PHILHEALTH NO.	13-000014213-2		6521
13. SSS NO.	none	19. TELEPHONE NO.	563-0542
14. TIN NO.	116-626-533	20. MOBILE NO.	09058528754
15. AGENCY EMPLOYEE NO.	001394498	21. E-MAIL ADDRESS (if any)	jerryposas@ymail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	POSAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROSANA	NAME EXTENSION (JR., SR)	LEO CLAIRE S. POSAS	11/09/1992
MIDDLE NAME	SURINGA		GERALD SMITH S. POSAS	05 -20 -1995
OCCUPATION	HOUSEWIFE		JOSEPH JERARD S. POSAS	09 - 17 -2002
EMPLOYER/BUSINESS NAME	NA		CARNEL ERWIN JEE S. POSAS	12 -15 -2009
BUSINESS ADDRESS	MARCOS BAYBAY CITY, LEYTE			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	POSAS			
FIRST NAME	LEODEGARIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAGARINAO			
25. MOTHER'S MAIDEN NAME				
SURNAME	POSAS			
FIRST NAME	ROMANITA			
MIDDLE NAME	BANTACULO		(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	ELEMENTARY GRADUATE	1977	1982	GRADUATED	1982	NONE
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	1982	1986	GRADUATED	1986	NONE
VOCATIONAL / TRADE COURSE	VISAYAS STATE COLLEGE OF AGRICULTURE	FOREST RANGER COURSE	1986	1988	21 UNITS		NONE
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 9, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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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
	NA	NA	NA	NA	NA	NA

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				SALARY/ JOB/ PAY GRADE #		
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SIGNATURE	<i>Thom</i>	DATE	Jul - 8 2016	CS FORM 313 (Revised 2013) Page 2 of 4
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July 9, 2019

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

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

	INCLUSIVE DATES OF		Type of ID	
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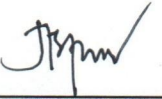
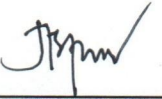
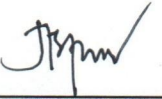






[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
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SIGNATURE	<i>J. Brown</i>	DATE	July 9, 2019	CS FORM 212 (Revised 2017), Page 3 of 3
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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 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>DR. OTHELLO B. CAPUNO</td><td>VISCA BAYBAY CITY, LEYTE</td><td>563 8935</td></tr><tr><td>DR. JOSE L. BACUSMO</td><td>VISCA BAYBAY CITY, LEYTE</td><td>563-7215</td></tr><tr><td>DR. EFREN B. SAZ</td><td>VISCA BAYBAY CITY, LEYTE</td><td>563-1307</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. OTHELLO B. CAPUNO	VISCA BAYBAY CITY, LEYTE	563 8935	DR. JOSE L. BACUSMO	VISCA BAYBAY CITY, LEYTE	563-7215	DR. EFREN B. SAZ	VISCA BAYBAY CITY, LEYTE	563-1307
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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: V000418</td></tr><tr><td>ID/License/Passport No.: HC3-97-028282</td></tr><tr><td>Date/Place of Issuance: VSU, Visca Baybay City, Leyte</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: V000418	ID/License/Passport No.: HC3-97-028282	Date/Place of Issuance: VSU, Visca Baybay City, Leyte	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>07-08-2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	07-08-2019	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>JUL 09 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSN C. GUINOCOR</td></tr><tr><td>VSU LEGAL COUNSEL</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSN C. GUINOCOR	VSU LEGAL COUNSEL	Person Administering Oath								
													
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