

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	LINGATONG		
FIRST NAME	NICASIO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	DILIG		
3. DATE OF BIRTH (mm/dd/yyyy)	6/2/1988	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	MASLUG, BAYBAY CITY	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 Subdivision/Village Barangay City/Municipality Province 6521
7. HEIGHT (m)	5'8	ZIP CODE	
8. WEIGHT (kg)	74		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province 6521
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1212-0554-5011		
12. PHILHEALTH NO.	13-025153411-0		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	335-822-267	20. MOBILE NO.	09484928252
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	nicasio.lingatong@vnu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LINGATONG		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JENETTE	NAME EXTENSION (JR., SR)	JENICA MAE P. LINGATONG	10/29/2006
MIDDLE NAME	PALOMA		NICK ELGIENE P. LINGATONG	03/15/2009
OCCUPATION	HOUSEWIFE		JAMAICA MAE P. LINGATONG	11/20/2012
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LINGATONG			
FIRST NAME	REYMUNDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LORDAN			
25. MOTHER'S MAIDEN NAME	DILIG			
SURNAME	LINGATONG			
FIRST NAME	JOVITA			
MIDDLE NAME	HANDAYAN			

(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	MASLUG ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	1995	2002	N/A	2002	N/A
SECONDARY	MARCOS FUNCTION HALL	SECONDARY EDUCATION	2003	2005	N/A	N/A	N/A
VOCATIONAL / TRADE COURSE	MARCOS FUNCTION HALL	ALS (ALTERNATIVE LEARNING SYSTEM)	2014	2015	N/A	2015	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		DATE	May 20, 2025	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)

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

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

(Continue on separate sheet if necessary)

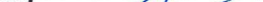
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CARPENTER	N/A	N/A
PAINTER		
MASON		
WELDER		
CHAINSAW OPERATOR		

(Continue on separate sheet if necessary)

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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)		
NAME	ADDRESS	TEL. NO.
DR. IVY C. EMNACE	VISCA, BAYBAY CITY, LEYTE	9069627236
DR. SANTIAGO T. PEÑA, JR.	VISCA, BAYBAY CITY, LEYTE	9210601535
DR. DENNIS P. PEQUE	BRGY. PANGASUGAN, BAYBAY CITY	9277062843
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.		



NICASTO D. LINGATONG

PHOTO



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: PHILHEALTH
ID/License/Passport No.: 13-025153411-0
Date/Place of Issuance:

Signature (Sign inside the box)
May 20, 2025
Date Accomplished

SUBSCRIBED AND SWORN to before me this <u>28 MAY 2025</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
<div>ATTY. KAREN ABEGAIL S. MONTERON YSU Director, Legal Affairs and Services</div> <div>Person Administering Oath</div>	

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 the most recent first.

- Duration: January 3, 2011-December 31, 2021
- Position: Farm worker
- Name of Office/Unit: DEPARTMENT OF HORTICULTURE - VISAYAS STATE UNIVERSITY
- Immediate Supervisor:
- Name of Agency/Organization and Location:

- List of Accomplishments and Contributions (if any)
 1. Watered and tendered plants inside and outside the office
 2. Cleaned office surroundings, rooms and CRs before and after office hours
- Summary of Actual Duties
 1. Takes charge of the daily cleaning and maintenance of the office and its surroundings
 2. Grows and maintains indoor and outdoor plants of the office

- Duration: January 12, 2012-May 16, 2025
- Position: LABORER/UTILITY
- Name of Office/Unit: OFFICE OF THE VICE PRESIDENT RESEARCH, EXTENSION AND INNOVATION - VISAYAS STATE UNIVERSITY
- Immediate Supervisor: Dr. Santiago T. Peña
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte

- List of Accomplishments and Contributions (if any)
 1. Cleaned office rooms and CRs before and after office hours
 2. Cleaned the surroundings within the office vicinity
- Summary of Actual Duties
 1. Takes charge of the daily cleaning and maintenance of the office and its surroundings
 2. Grows and maintains indoor and outdoor plants of the office
 3. Upkeeps office facilities and equipment
 4. Performs other duties and responsibilities as required by the immediate supervisor


NICASIO D. LINGATONG

(Signature over Printed Name
of Employee/Applicant)

Date: 06/10/15