

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.**

CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	JAVIER		16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino	<input type="checkbox"/> Dual Citizenship
FIRST NAME	BENITO	NAME EXTENSION (JR., SR)	N.A.		
MIDDLE NAME	DELA CRUZ		If holder of dual citizenship, please indicate the details.		
3. DATE OF BIRTH (mm/dd/yyyy)	06-01-1970	4. PLACE OF BIRTH		Pls. indicate country:	
CALBIGA SAMAR		5. SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	
7. HEIGHT (m)	1.524 M	House/Block/Lot No.		Street	
8. WEIGHT (kg)	64 kg	Subdivision/Village		BRY. MARCOS Barangay	
9. BLOOD TYPE	O+	City/Municipality		BAYBAY CITY, LEYTE Province	
10. GSIS ID NO.		ZIP CODE		06521-A	
11. PAG-IBIG ID NO.		18. PERMANENT ADDRESS		House/Block/Lot No.	
12. PHILHEALTH NO.	13-200240793-4	Subdivision/Village		BRY. MARCOS Barangay	
13. SSS NO.		City/Municipality		BAYBAY CITY, LEYTE Province	
14. TIN NO.	925-751-952	ZIP CODE		06521-A	
15. AGENCY EMPLOYEE NO.		19. TELEPHONE NO.		N.A.	
		20. MOBILE NO.		09355953092	
		21. E-MAIL ADDRESS (if any)			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MODINA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PERLA	NAME EXTENSION (JR., SR)	JENYVIEO. JAVIER	04/09/92
MIDDLE NAME	POSAS		JEZELLE M. JAVIER	02/10/94
OCCUPATION	HOUSEWIFE		JERWIN M. JAVIER	12/12/95
EMPLOYER/BUSINESS NAME			MARIA JAYANN M. JAVIER	10/01/99
BUSINESS ADDRESS			JAYZA MAE M. JAVIER	12/30/00
TELEPHONE NO.			JOAN PAUL M. JAVIER	01/20/02
24. FATHER'S SURNAME	JAVIER		DESI VALERIE M. JAVIER	05/15/05
FIRST NAME	ARTURO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LABID			
25. MOTHER'S MAIDEN NAME	DELA CRUZ			
SURNAME	DELA CRUZ			
FIRST NAME	CLEOPAS			
MIDDLE NAME	BERING			

(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	CANTICUM ELEM. SCHOOL	ELEM. GRADUATE	1977	1984		1984	N.A.
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	<i>B.</i>	DATE	4/25/17	CS FORM 212 (Revised 2017), Page 1 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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? YES NO

If YES, give details: _____

b. Have you been criminally charged before any court? 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)? YES NO

If YES, give details: _____

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: _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

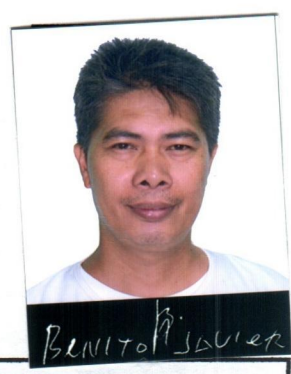
c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
DR. OSCAR B. POSAS	PRY. MORCOS BAYBAY	
PROF. ALAN B. LOPEZ	VISCA BAYBAY CITY	
DR. HELEN P. LAMBERT	VISCA BAYBAY CITY	

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: WCU ID

ID/License/Passport No.: WJ-00196

Date/Place of Issuance: _____

Signature (Sign inside the box)

Date Accomplished 4/26/19

SUBSCRIBED AND SWORN to before me this APR 26 2019, affiant exhibiting his/her validly issued government ID as indicated above.

[Signature]
 ATTY. MYUNG SUINDCOR
 Person Administering Oath

PTR U: 9 1269 8 2 2017 LETE 4/12/17
 IBP 4030424 - TAGI ORAN CITY 12/19/18
 MCLE COMP. NO. V-GU... 07/20/15
 ROLL OF ATTORNEYS NO. 57467