

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		16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
FIRST NAME	HENRY		If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pis. indicate country:
MIDDLE NAME	PATAC			Philippines
3. DATE OF BIRTH (mm/dd/yyyy)	OCT- 6, 1965			
4. PLACE OF BIRTH	SAN AGUSTIN BAYBAY CITY UYE			
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		17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	168 cm			House/Block/Lot No. Street
8. WEIGHT (kg)	83 kgs.			BRGY. SAN AGUSTIN Kd 6
9. BLOOD TYPE	"B"			Subdivision/Village Barangay
10. GSIS ID NO.	CM 3876142			BAYBAY CITY UYE Province
11. PAG-IBIG ID NO.	080110176008			City/Municipality
12. PHILHEALTH NO.	13-0000156710			ZIP CODE 6521-A
13. SSS NO.	0620004049		18. PERMANENT ADDRESS	
14. TIN NO.	116-626-525			House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V000417			BRGY. SAN AGUSTIN
				Subdivision/Village Barangay
				BAYBAY CITY UYE Province
				City/Municipality
				ZIP CODE 6521-A
			19. TELEPHONE NO.	N/A
			20. MOBILE NO.	09355942991
			21. E-MAIL ADDRESS (if any)	N/A

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	Ma. CRISTINA	NAME EXTENSION (JR., SR)	CHAMDEE A. POSAS	3-22-1986
MIDDLE NAME	ALEJO		JESSE MEHE A. POSAS	12-24-1987
OCCUPATION	HK / WORKER		JASON DAVE A. POSAS	10-21-1994
EMPLOYER/BUSINESS NAME	VSV			
BUSINESS ADDRESS	VSCA BAYBAY CITY UYE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	POSAS			
FIRST NAME	EUTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MAKILING			
25. MOTHER'S MAIDEN NAME	PATAC			
SURNAME	CONCONDA			
FIRST NAME	COMEL			
MIDDLE NAME				

(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	SAN AGUSTIN COMMUNITY SCHOOL	ELEMENTARY	1971	1977	N/A	1977	N/A
SECONDARY	EXPERIMENTAL MURAL HIGH SCHOOL	HIGH SCHOOL	1977	1981	N/A	1981	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VSCA	56 UNITS	1983	1985	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	10/10/2018	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE

DATE _____

10/10/2018

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

[illegible]

(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 taken for the last five (5) years for Division Chief/Executive/Managerial positions)


[illegible]

(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)
HOMES		ADPA MEMBER
MELBOURNE	N/A	ADMINISTRATIVE
TRIP		PERSONNEL ASSOC.
and WILKINSON /		
SOGGING		

(Continue on separate sheet if necessary)

(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)?

☐ 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.
DR. ROTHAN GRAYOS	VSU	N/A
DR. JIMMY ABELA	VSU	N/A
MRS. VERA BUNTOYAN	VSU	N/A

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

ID/License/Passport No.: V000417

Date/Place of Issuance: VSU 2012 Aug.

Signature (Sign inside the box)

10/10/2018

Date Accomplished

SUBSCRIBED AND SWORN to before me this OCT 10 2018, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSA C. GUINOCOR

VSU LEGAL OFFICER

Person Administering Oath