PERSONAL DATA SHEET

WARNING: Any misrepresentati	ion made in the Personal Data Sheet and the W	fork Experience Sheet shall o	ause the filin	g of admini	strative/crim	ninal case/s again:	st the person	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHEE	3		PDS FORM.	1. CS ID No.	Examine	(Do not fill up. F	For CSC use only	
I. PERSONAL INFORMATIO		A If not applicable. DO NOT ABE	SKEVIATE.		1. CO ID 190.		(Bo not an ap.)	or ooo ase only	
2. SURNAME	PERNHU								
FIRST NAME	ANELITO					NAME EXTENSION (JR			
MIDDLE NAME	CATERIC								
3. DATE OF BIRTH	CATACIO	40 OLITIZENOLUD				_			
(mm/dd/yyyy)	04-26-65	16. CITIZENSHIP	Filipino Dual Citizenship			[]h., sahaal	in the same and		
4. PLACE OF BIRTH	Bayoay City, Leyte	If holder of dual citizen	by birth by naturalizenship, Pls. indicate country:				ization		
5. SEX	Male Female	please indicate the de	etails.				•		
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS		(D) 1 (I A)			01 1		
	☐ Widowed ☐ Separated ☐ Other/s:		Hou	use/Block/Lot N	VO.	•	Street Polag		
7. HEIGHT (m)	5'8"		Subdivision/Village Ba		Barangay				
			City/Municipality Pr		Province	LeyfC Province			
8. WEIGHT (kg)	* Kos-	ZIP CODE							
9. BLOOD TYPE	" 4B (200 11 / 1031 344	18. PERMANENT ADDRESS	Нои	use/Block/Lot N	Vo.	MAA +	Street		
10. GSIS ID NO.	cm-3876139	managed A2V		ubdivision/Villag		WRSAN)	P Hog Barangay	00/0	
11. PAG-IBIG ID NO.	0801099273 09	Dep. Feb	City/Municipality			Province			
12. PHILHEALTH NO.	18-0000 16622 8	ZIP CODE	4521	\J.	JA .	Main	13/10 13/11		
13. SSS NO.	nonc as a DIM	19. TELEPHONE NO.	mone who warmed boot			28/84 107/85			
14. TIN NO. +(Y 0.)	114-424-284	20. MOBILE NO.	M WASTERFOREROO			13/10/43/01			
15. AGENCY EMPLOYEE NO.	VSU 008 K MANYED 9 19	21. E-MAIL ADDRESS (if any)	and	NO R	YOU	noo. cow	143/01	48 140	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	BESTUDIO		23. NAME of CH	ILDREN (Writ	te full name and	i list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME	CANMELITA NAME EXTENSION (JR., SR)		Christian B. Permao				04-22-90		
MIDDLE NAME	MERCADAL	MERCADAL			Welton 13. Permito				
OCCUPATION	Storchaper		_						
EMPLOYER/BUSINESS NAME	small sari-sari ston				Mary mentions to end objects				
BUSINESS ADDRESS	Potag Residence								
TELEPHONE NO.	nonc								
24. FATHER'S SURNAME	PERNITO			:	31				
FIRST NAME	PASCUAL	NAME EXTENSION (JR., SR)	-				A THE SALE AND A STATE OF		
MIDDLE NAME	Romo		37		•				
25. MOTHER'S MAIDEN NAME				1	1				
SURNAME	CATERIC								
FIRST NAME	PRECIOSA								
MIDDLE NAME	PONTINO		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGI				(C	onanue on se	parate sneet IT neces	sary)		
								SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREI (Write in full)	E/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS	
ELEMENTARY	YISCA FOUNDATION Elzm School (UIPES)	demontary		From 1974	1979	graduated	1979	RECEIVED	
SECONDARY	Exprimulal Rungl High School (ERHS)	Sccondary		1979	1983	h	1983	N	
VOCATIONAL / TRADE COURSE	hone.	n/k		n /k	THE STATE OF	/	1089	#1010	
COLLEGE	Visional State University	BS ks. Edu Majór. Elan.	o' ,	1983	2002	11	2002	u	
GRADUATE STUDIES	VECK Open university	M-5- As. # de		1984	1985	12 4hAK	nh	4'	
	C	ontinue on separate sheet if neces		.55 (
SIGNATURE	Month			DA	ITE	10-28-	19		

	ERVICE ELIG		\cup					LICENSE (if a	mplies 54-1
SPECIAL LAWS/ CES/ CSEE			RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBEŘ	Date
_		xamin Am	79.90g	08-23-2002 LNU, TOCKOON CUTY				TOWNER(Validi
-			TJ.5 4	08 25 700	Flori Lou	0100017	2017		
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1777						The same	V1 4.0		
7				23 7 June - 7	0.51		34	-	
WORK E	XPERIENCE		(C	ontinue on separate sheet if ne	cessary)				
	ate employmer JSIVE DATES	nt. Start from your recen	t work) Descriptio	n of duties should be inc	licated in the attached	Work Exper	ience sheet.		
	m/dd/yyyy)	POSITION (Write in full/Do no		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV SERVI
From	То			Coul ACT		211 126	INCREMENT	0	
13	prount	Adm. Alo	UI	1	Coll. Of Engineering , USU		1	RØ.	ye
189	08/13	10.6	Anary)	USU Infir		PIK NE	10	cas.	ye
13 - 03								Subst.	ye
187	05/87	Maint Aid		ALLISTOCRTRAT		11.300	(I)	CONF.	ne
184	07/85	tood Sorvice W	OURIN	1			I	COM.	Xe
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184	10/84	Massunger	3 01110110	MASCOR POUT.	COILE, parliage	1800 /		Cont.	n
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SIGN	ATURE	Man	(Continue on separate sheet if necessary)				3		
SIGNA	HIUKE	Xalu	III	Al M	DATE	10 -28 - 19 CS FORM 212 (1			2017), Page

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NOW GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO			
29. * NAME & ADDRESS OF ORGANIZATION (Write in full)		VE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
Galbas Central Schrol Gen. PTCA	06/02	06/05	n/A	Gan.	PTCA Precamt	
Borbay W District Presidents Assn-	07/02	04.05	u	District	t secretary	
Patas Coesnut Formurs Assn.	01/94	premi	ľ	Presid	int	
Coupled for Christ COFC)	01/94	remt	eq	Housel	vold Head	
Holy Spirit Parvin Chueh	01 94	08/94	10	Loy 1	Minister	
Phil. Alliand of Lab Fauthout Users (PALFU)	1		lt	momp	r	
Yellow and a						
(COLUMN) VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROPERTY.	NAME OF TAXABLE PARTY.	sheet if necessary				
(Start from the most recent L&D training program and include only the relevant L&D training taken for t			/Executive/Manager	ial positions)		
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/	CONDUCTED/ SPONSORED BY (Write in full)	
CONT. ON EL LANGUE	From	То		Technical/etc)	(Wife in tall)	
Attended numerous trainings summers	,	_			Dop. Fd. Res. VIII	
voorkshop for teachers			1156 C 194 E			
4 Rubband trainings and seminars	1 1	_			COE, USU	
Jeminar on Fire Prajentim	12/30/	2	8 Ms		usu "	
Basic Life Support (BUS)			48hg.		DOH, USU Informary	
Primu-HRM	08 18	08/18	8 hrs.		ODA PLATO.	
Quality Assurance + Compliance Point-2	9/0/18	9/1/18	14 hrs		PALEN OUCTON CMY	
12-35-12	-					
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			14			
VIII. OTHER INFORMATION	ntinue on separate	sheet if necessary				
		INCTIONS / RECOG	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
1		ite in full)	10 600 0	and		
teaching, landscopping Award of Pecogniting given on 22nd, Chairman - Cot						
gardning, croking day of Felo. 2002 by Bayban W District Sub-committee on the town of Ground						
etc. Administrator) 4	(MONNI)			Maintainanu	
100000000000000000000000000000000000000	r don estima				HAMPINE	
	Labour Co., Co., Co., Co., Co., Co., Co., Co.,					
(Co	ntinue on separate	sheet If necessary)			
SIGNATURE	Se. 1		DA	NTE .	0-28-15 CS FORM 212 (Revised 2017), Page 3 of 4	
					OG FORM 212 (NGMSGU 2011), Page 3 014	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has Bureau or Department where you will be appointed,			*
a. within the third degree?	the last of the	YES NO	
b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	☐ YES ☐ MO If YES, give details:	
District Secretory	" 70 Jao 58 FO	IT TES, give details.	God to G
35. a. Have you ever been found guilty of any administrative off	ense?	YES NO	1 60-04
Household Head	a throng uplic	If YES, give details:	
Tobinide Minide	वाक रहावर ए	·	<u> </u>
b. Have you been criminally charged before any court?	in (NEW	☐ YES ☐ NO If YES, give details: Date Filed: Status of Case/s:	na Ting
	- Low desires and remain or regulation by		
36. Have you ever been convicted of any crime or violation of a any court or tribunal?	ny law, decree, ordinance or regulation by	☐ YES ☐ NO If YES, give details:	
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	finished contract or phased out (abolition)	YES NO If YES, give details:	lyanna44
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	YES NO If YES, give details:	WARM
b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	he three (3)-month period before the last I candidate?	☐ YES ☐ NO If YES, give details:	rominar
39. Have you acquired the status of an immigrant or permanen	t resident of another country?	YES NO	- Juning
M PRIEN, OUCIAN WH	A didle didle &	Franchia + Conditions for	J-himas
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas			1
a. Are you a member of any indigenous group?		YES NO	
b. Are you a person with disability?		YES NO	
c. Are you a solo parent?		YES NO NO If YES, please specify ID No:	
41. REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)		
NAME	ADDRESS	TEL. NO.	
Dr. Jaconimi M. Guarte	Dept- of Physics - VSV	none	
Dr.Ma. Bofon J - Buzon	USU Infirmary	n	
Hon- Alan Gumba	Pryy Patag Chairman	1,	
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of perti- Philippines. I authorize the agency head/authorized repres- agree that any misrepresentation made in this doc administrative/criminal case/s against me.	nent laws, rules and regulations of the centative to verify/validate the contents state	Republic of the ed herein.	P 410000
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID:	(John M.)	TO AND TO CALL SO SHOW A	
ID/License/Passport No.: 116-626-286	pox)		
Date/Place of Issuance: 1 - 29 - 91	Date Accomplished	Right Thumb	omark
SUBSCRIBED AND SWORN to before me this	9 DEC 2019 Affiant exhit	oiting his/her validly issued government ID as indicate	d above.
	ATTY. RISAN C. GU VSULEGAL OFFICE	INOCOR R	
	th .		