

CS Form No. 212  
Revised 2017

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

FIRST NAME

MIDDLE NAME

GRAVADOR  
MERLE  
NARIO

NAME EXTENSION (JR., SR)

3. DATE OF BIRTH  
(mm/dd/yyyy)

MAY 10,1959

16. CITIZENSHIP

☒ Filipino

☐ Dual Citizenship

☐ by birth

☐ by naturalization

Pls. indicate country:

4. PLACE OF BIRTH

TACLOBAN CITY

If holder of dual citizenship, please indicate the details.

5. SEX

☐ Male

☒ Female

6 CIVIL STATUS

☐ Single

☒ Married

☐ Widowed

☐ Separated

Other/s:

7. HEIGHT (m)

5'3

17. RESIDENTIAL ADDRESS

APARTMENT 68  
House/Block/Lot No. KILBOURNE  
VSU Street  
Subdivision/Village PANGASUGAN  
BAYBAY CITY Barangay  
City/Municipality LEYTE  
Province

ZIP CODE 6521

8. WEIGHT (kg)

55 KG.

18. PERMANENT ADDRESS

AREA-6  
House/Block/Lot No. MANLURIP, SAN JOSE  
Subdivision/Village Street  
TACLOBAN CITY 84  
City/Municipality Barangay  
Province LEYTE

ZIP CODE 6500

9. BLOOD TYPE

"O"

19. TELEPHONE NO.

053-563-7323 (OFFICE)

10. GSIS ID NO.

59051002941

20. MOBILE NO.

09268403954

11. PAG-IBIG ID NO.

1700-0026-9244

21. E-MAIL ADDRESS (if any)

Mngravad@yahoo.com

12. PHILHEALTH NO.

13-000015305-3

13. SSS NO.

N.A.

14. TIN NO.

917-640-609

15. AGENCY EMPLOYEE NO.

VOO609

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME

FIRST NAME

MIDDLE NAME

GRAVADOR  
MIGUEL  
GALANZA

NAME EXTENSION (JR., SR)

23. NAME of CHILDREN (Write full name and list all)

ERWIN ROMMEL N. GRAVADOR  
EDWARD N. GRAVADOR  
MIGUEL N. GRAVADOR  
LUZ N. GRAVADOR

DATE OF BIRTH (mm/dd/yyyy)

9/2/1980  
4/29/1982  
5/24/1983  
7/16/1988

OCCUPATION

DRIVER

EMPLOYER/BUSINESS NAME

SELF-EMPLOYED

BUSINESS ADDRESS

N.A.

TELEPHONE NO.

N.A.

24. FATHER'S SURNAME

FIRST NAME

MIDDLE NAME

NARIO  
FLORO  
GASPAY

NAME EXTENSION (JR., SR)

25. MOTHER'S MAIDEN NAME

SURNAME

FIRST NAME

MIDDLE NAME

MILLANO  
NARIO  
TRINIDAD  
GASPANG

(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 FERNANDO CENTRAL SCHOOL

PRIMARY EDUCATION

1966

1971

DIPLOMA

SECONDARY

LEYTE NATIONAL HIGH SCHOOL

SECONDARY EDUCATION

1971

1974

DIPLOMA

VOCATIONAL / TRADE COURSE

N.A.

N.A.

N.A.

COLLEGE

LEYTE COLLEGES

SECRETARIAL

1978

1979

32 UNITS

N.A.

GRADUATE STUDIES

N.A.

(Continue on separate sheet if necessary)

SIGNATURE

DATE

01/12/2017

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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		
N.A.	N.A.	N.A.	N.A.				
(Continue on separate sheet if necessary)							
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 (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
1/1/2018	PRESENT	ADM.AIDE III	PRPEO	11,386.98/M		CASUAL	GOV'T
1/1/2017	12/31/2017	ADM.AIDE III	PRPEO	11,386.98/M		CASUAL	GOV'T
1/1/2016	12/31/2016	ADM.AIDE III	PRPEO	10,882.96/M		CASUAL	GOV'T
1/1/2014	12/31/2015	ADM.AIDE III	PRPEO	10,400.94/M		CASUAL	GOV'T
7/1/2013	12/31/2013	ADM.AIDE III	PRPEO	9,628.08/M		CASUAL	GOV'T
4/1/2012	6/30/2013	ADM.AIDE III	PRPEO	8,853.90/M		CASUAL	GOV'T
1/1/2011	3/31/2012	ADM.AIDE I	PRPEO	7,575.04/M		CASUAL	GOV'T
1/1/2010	12/31/2010	ADM.AIDE I	PRPEO	6,862.02/M		CASUAL	GOV'T
7/1/2008	12/31/2009	ADM.AIDE I	PRPEO	6,149.00/M		CASUAL	GOV'T
7/1/2007	6/30/2008	ADM.AIDE I	PRPEO	5,589.98/M		CASUAL	GOV'T
3/1/2004	6/30/2007	ADM.AIDE I	PRPEO	5,082.00/M		CASUAL	GOV'T
1/1/2004	2/29/2004	UTILITY WORKER	PRPEO	5,082.00/M		CASUAL	GOV'T
1/1/2002	12/31/2003	UTILITY WORKER	PRPEO	5,082.00/M		CASUAL	GOV'T
7/1/2001	12/31/2001	UTILITY WORKER	PRPEO	5,082.00/M		CASUAL	GOV'T
1/1/2000	6/30/2001	UTILITY WORKER	PRPEO	4,840.00/M		CASUAL	GOV'T
7/1/1999	12/31/1999	UTILITY WORKER	PRPEO	4,400.00/M		CASUAL	GOV'T
2/15/1999	6/30/1999	UTILITY WORKER	PRPEO	4,400.00/M		CASUAL	GOV'T
(Continue on separate sheet if necessary)							
SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 2 of 4			



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

[illegible]

(Continue on separate sheet if necessary)

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

[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)
N.A.	N.A.	N.A.



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 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.
TERESITA L. QUIÑANOLA	BAYABY CITY, LEYTE	
DR. LOURDES B. CANO	BAYABY CITY, LEYTE	
DR. MYRNA M. AVILA	VSU, BAYBAY CITY, LEYTE	

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: VOO609
ID/License/Passport No.: ID
Date/Place of Issuance: VSU, BAYBAY


Signature (Sign inside the box)
1/12/2018
Date Accomplished



SUBSCRIBED AND SWORN to before me this <u>JAN 12 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.
<div>ATTY. RYSAN C. GUINOCOR NOTARY PUBLIC Person Administering Oath</div>