

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	DIMAGIBA		
FIRST NAME	EARIEL FORT		NAME EXTENSION (JR., SR)
MIDDLE NAME	VALLE		
3. DATE OF BIRTH (mm/dd/yyyy)	11/25/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MAKATI PHILIPPINES	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	13A ZIPPER House/Block/Lot No. Street SAN LORENZO VILLAGE SAN LORENZO Subdivision/Village Barangay MAKATI City/Municipality Province
7. HEIGHT (m)	1.68m	ZIP CODE	1223
8. WEIGHT (kg)	61kg	18. PERMANENT ADDRESS	13A ZIPPER House/Block/Lot No. Street SAN LORENZO VILLAGE SAN LORENZO Subdivision/Village Barangay MAKATI City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	1223
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	+632 88170547
11. PAG-IBIG ID NO.	1211-6308-2543	20. MOBILE NO.	+639175361125
12. PHILHEALTH NO.	01-052196623-3	21. E-MAIL ADDRESS (if any)	efvdimagiba@yahoo.com
13. SSS NO.	34-4939962-5		
14. TIN NO.	326 124 254 0000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DIMAGIBA			
FIRST NAME	FORTUNATO	JR.		
MIDDLE NAME	LACSON			
25. MOTHER'S MAIDEN NAME				
SURNAME	VALLE			
FIRST NAME	MARIA ELOISA			
MIDDLE NAME	NEYRA		(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	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2001	2007			
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2007	2011			
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	ATENEO DE MANILA UNIVERSITY	AB EUROPEAN STUDIES	2011	2015			
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE	<i>Earl Dimagiba</i>	DATE	12 December 2020
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CS FORM 212 (Revised 2017). Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Earl Ringitz</i>	DATE	22 December 2020
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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

[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

(Continue on separate sheet if necessary)

SIGNATURE	Eait Rinazhi	DATE	22 December 2020
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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 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.

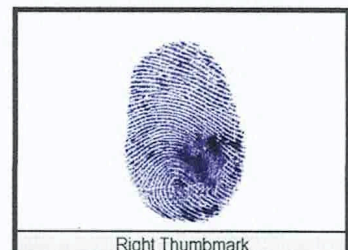
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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: <u>DRIVER'S LICENSE</u>
ID/License/Passport No.: <u>N02 - 11 - 000433</u>
Date/Place of Issuance: <u>2016/10/25</u>

<u>Evel Dima</u>
Signature (Sign inside the box)
<u>22 December 2020</u>
Date Accomplished



PHOTO



Right Thumbmark

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

Person Administering Oath