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	LIM
FIRST NAME	JOSELITO
NAME EXTENSION (JR., SR)	
MIDDLE NAME	DIONISIO
3. DATE OF BIRTH (mm/dd/yyyy)	05/05/1968
4. PLACE OF BIRTH	MALABON CITY
5. SEX	☑ Male ☐ Female
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.67M
8. WEIGHT (kg)	75kg
9. BLOOD TYPE	AB
10. GSIS ID NO.	
11. PAG-IBIG ID NO.	030234357508
12. PHILHEALTH NO.	07-050390565-3
13. SSS NO.	03-8899132-3
14. TIN NO.	164-135-993
15. AGENCY EMPLOYEE NO.	

16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization	
If holder of dual citizenship, please indicate the details.	Pls. indicate country:	
17. RESIDENTIAL ADDRESS	BLOCK 7 LOT 5 (House/Block/Lot No.)	ST.MARGARET (Street)
	DECA HOMES (Subdivision/Village)	LOMA DE GATO (Barangay)
	MARILAO (City/Municipality)	BULACAN (Province)
ZIP CODE	3019	
18. PERMANENT ADDRESS	BLOCK 7 LOT 5 (House/Block/Lot No.)	MARGARET (Street)
	DECA HOMES (Subdivision/Village)	LOMA DE GATO (Barangay)
	MARILAO (City/Municipality)	BULACAN (Province)
ZIP CODE	3019	
19. TELEPHONE NO.		
20. MOBILE NO.		
21. E-MAIL ADDRESS (if any)	joey_lim5@yahoo.com.ph	

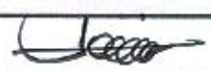
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LIM		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KAREN	NAME EXTENSION (JR., SR)	JOSE KARLO RODRIGO B. LIM	01/25/2002
MIDDLE NAME	BRIONES			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LIM			
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DE SILVA			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIONISIO			
FIRST NAME	MEDITA			
MIDDLE NAME	BASCO		(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 From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	TONSUYA ELEMENTARY SCHOOL		1975	1981			
SECONDARY	ELISA ESGUERRA HIGH SHOOL		1981	1985			
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF THE EAST	BSA ACCOUNTING	1988	1993			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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

(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	GOV'T SERVICE (Y/ N)
From	To						
01/02/2005	PRESENT	MANAGER	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

(Continue on separate sheet if necessary)

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

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/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			

(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)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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 apppointed, 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?	☐ 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? 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.

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: SSS
ID/License/Passport No.: 03-8899132-3
Date/Place of Issuance:

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

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

Person Administering Oath

CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

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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	BANIAGA		
FIRST NAME	MARCOS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	JULIAN		
3. DATE OF BIRTH (mm/dd/yyyy)	10/7/1976	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
4. PLACE OF BIRTH	ZARAGOZA, NUEVA ECIJA	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☑ Male ☐ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. / Street; Subdivision/Village / Barangay; City/Municipality / Province
7. HEIGHT (m)	5'7"	ZIP CODE	
8. WEIGHT (kg)	75KG		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. / Street: SAN ISIDRO; Subdivision/Village / Barangay: ZARAGOZA / NUEVA ECIJA; City/Municipality / Province
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	1410-0005-6467		
12. PHILHEALTH NO.	07-050221432-0	ZIP CODE	3110
13. SSS NO.	33-4969876-9	19. TELEPHONE NO.	042 7249894
14. TIN NO.	236-937-150	20. MOBILE NO.	09064618606
15. AGENCY EMPLOYEE NO.	06-03-013	21. E-MAIL ADDRESS (if any)	marcos.baniaga@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BANIAGA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NICCI JOY	NAME EXTENSION (JR., SR)	[illegible]	1/23/2012
MIDDLE NAME	REYES			
OCCUPATION	SARI SARI STORE OWNER			
EMPLOYER/BUSINESS NAME	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INC.			
BUSINESS ADDRESS	228 GABALDON ST., BRGY. SAN ROQUE, CABANATUAN CITY			
TELEPHONE NO.	044 463 9112			
24. FATHER'S SURNAME	BANIAGA			
FIRST NAME	APOLONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VILORIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANIAGA			
FIRST NAME	ESTELITA			
MIDDLE NAME	JULIAN			

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	SAN ISIDRO ELEM. SCHOOL						
SECONDARY	ZARAGOZA NATIONAL HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							
COLLEGE	ARAULLO UNIVERSITY						
GRADUATE STUDIES							

SIGNATURE	mbaniaga	DATE	

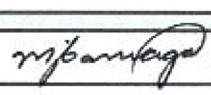
IV. CIVIL SERVICE ELIGIBILITY

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

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	GOV'T SERVICE (Y/ N)
From	To						

SIGNATURE		DATE	

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

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

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

30 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of L.D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

SIGNATURE		DATE	

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?	☐ 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? 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

NAME	ADDRESS	TEL. NO.
NICCI JOY R. BANIAGA	SAN ISIDRO, ZARAGOZA, N.E.	9218882192

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
ID/License/Passport No.
Date/Place of Issuance

mjbaniaga

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

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

Person Administering Oath

CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

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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	ADELANTE		
FIRST NAME	RHEA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BERNANDINO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/09/1977	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
4. PLACE OF BIRTH	PENARANDA, NUEVA ECIJA	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☐ Male ☑ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	65 CASTILLANO (House/Block/Lot No. / Street); SAN LEONARDO (Subdivision/Village / Barangay); NUEVA ECIJA (City/Municipality / Province)
7. HEIGHT (m)	1.57M	ZIP CODE	3102
8. WEIGHT (kg)	85kg	18. PERMANENT ADDRESS	65 CASTILLANO (House/Block/Lot No. / Street); SAN LEONARDO (Subdivision/Village / Barangay); NUEVA ECIJA (City/Municipality / Province)
9. BLOOD TYPE	A	ZIP CODE	3102
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	0302-34358102	20. MOBILE NO.	
12. PHILHEALTH NO.	020500085348	21. E-MAIL ADDRESS (if any)	rhea_adelande@yahoo.com
13. SSS NO.	02-1650019-0		
14. TIN NO.	205-371-723		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ADELANTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME Have you a	DENNIS	NAME EXTENSION (JR., SR)	YVAN GABRIEL B. ADELANTE	10/18/2005
MIDDLE NAME	TIANGCO			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BERNANDINO			05/01/1954
FIRST NAME	FELIPE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LORENZO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GABOY			01/29/1954
FIRST NAME	FLORIDA			
MIDDLE NAME	AVES		(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 From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	LAS PINAS ELEMENTARY SCHOOL		1984	1990		1990	
SECONDARY	PENARANDA NATIONAL HIGH SCHOOL		1990	1995		1995	
VOCATIONAL / TRADE COURSE							
COLLEGE	WESLEYAN UNIVERSITY PHILS.	BSA ACCOUNTING	1995	1998		1998	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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

(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	GOV'T SERVICE (Y/ N)
From	To						
01/01/2005	PRESENT	ACCOUNTANT	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

(Continue on separate sheet if necessary)

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

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/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			

(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)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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 apppointed,

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.

PHOTO

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: **SSS**
ID/License/Passport No.: **02-1650019-0**
Date/Place of Issuance:

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

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

Person Administering Oath

CS Form No. 212
Revised 2017

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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	FRANCIS EMIL FORT	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VALLE		
3. DATE OF BIRTH (mm/dd/yyyy)	03/10/1991	16. CITIZENSHIP	PHILIPPINES
4. PLACE OF BIRTH	MAKATI CITY, METRO MANILA	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	MALE		
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	13A / ZIPPER House/Block/Lot No. / Street SAN LORENZO VILLAGE / SAN LORENZO Subdivision/Village / Barangay MAKATI / METRO MANILA City/Municipality / Province
7. HEIGHT (m)	1.7M	ZIP CODE	1223
8. WEIGHT (kg)	100 KG		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	13A / ZIPPER House/Block/Lot No. / Street SAN LORENZO / SAN LORENZO Subdivision/Village / Barangay MAKATI / METRO MANILA City/Municipality / Province
10. GSIS ID NO.		ZIP CODE	1223
11. PAG-IBIG ID NO.	121103971159		
12. PHILHEALTH NO.	01-051838778-8		
13. SSS NO.	34-2963583-3	19. TELEPHONE NO.	88760070
14. TIN NO.	411-581-160	20. MOBILE NO.	09175360310
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	francis_dimagiba310@yahoo.com

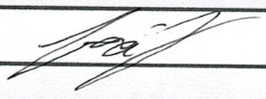
II. FAMILY BACKGROUND

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	NAME EXTENSION (JR., SR) 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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	1998	2005		2005	
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2005	2009		2009	
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY- MANILA	BS ACCOUNTANCY	2009	2013		2013	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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
CPA BOARD		OCT. 2013	METRO MANILA	155951	2026

(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	GOV'T SERVICE (Y/ N)
From	To						
02/01/2022		VP OPERATIONS	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION				
14/08/2014	31/12/2021	INTERNAL AUDITOR (AM)	BANK OF THE PHILIPPINE ISLANDS				
01/11/2013	01/05/2014	AUDIT STAFF	SYCIP GORRES VELAYO AND CO				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

(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)

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/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			

(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)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	NO NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense?	**NO** If YES, give details: _____
b. Have you been criminally charged before any court?	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?	**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** If YES, give details: _RESIGNATION_____
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?	**NO** If YES, give details: _____ NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	**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?	NO If YES, please specify: _____ NO If YES, please specify ID No: _____ 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:	Drivers Lic.
ID/License/Passport No.:	N01-08-01155q
Date/Place of Issuance:	01/31/2022 / LTO

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

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

Person Administering Oath