#### 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FOR<u>M.</u> 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) 2. SURNAME LIM FIRST NAME JOSELITO NAME EXTENSION (JR., SR) MIDDLE NAME DIONISIO 3. DATE OF BIRTH 05/05/1968 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MALABON CITY If holder of dual citizenship Pls. indicate country: 5. SEX please indicate the details ✓ Male Female -Single ✓ Married 6 CIVIL STATUS 17. RESIDENTIAL ADDRESS BLOCK 7 LOT 5 ST.MARGARET Widowed Separated House/Block/Lot No. Street DECA HOMES Other/s: LOMA DE GATO Subdivision/Village Barangay 7. HEIGHT (m) 1.67M MARILAO BUI ACAN City/Municipality Province 8. WEIGHT (kg) 75kg 7IP CODE 3019 9. BLOOD TYPE 18. PERMANENT ADDRESS AB BLOCK 7 LOT 5 MARGARET House/Block/Lot No Street 10. GSIS ID NO. DECA HOMES LOMA DE GATO Subdivision/Village Barangay 11. PAG-IBIG ID NO MARILAO 030234357508 BUI ACAN City/Municipality Province 12. PHILHEALTH NO 07-050390565-3 7IP CODE 3019 13. SSS NO. 03-8899132-3 19. TELEPHONE NO. 14. TIN NO. 164-135-993 20. MOBILE NO. 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) joey\_lim5@yahoo.com.ph 22. SPOUSE'S SURNAME LIM 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) JOSE KARLO RODRIGO B. LIM FIRST NAME KAREN 01/25/2002 MIDDLE NAME BRIONES OCCUPATION NONE EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME LIM NAME EXTENSION (JR., SR) FIRST NAME **ROGELIO** DE SILVA MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME DIONISIO MEDITA FIRST NAME MIDDLE NAME BASCO (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL YEAR ACADEMIC UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To 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 SIGNATURE DATE

IV. CIVIL	SERVICE EL	GIBILITY							
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								Nomber	Validity
V. WORK	EXPERIENCE		(Co	ntinue on separate sheet	if necessary)				
(Include pri 28. INCI	ivate employm LUSIVE DATES	ent. Start from your recent	work) Descriptio	n of duties should b	e indicated in the attach	ed Work Ex	perience sheet		
	mm/dd/yyyy) To	POSITION TIT (Write in full/Do not a		DEPARTMENT / AGE (Write in full	ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
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29.	NAME & ADDRESS OF (Write in fu		INCLUSIVE DA (mm/dd/yyyy	TES ) NUMBER OF HOURS		POSITION / NATURE OF WORK
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VII. LEARN	IING AND DEVELOPMENT (L&D	(Con )) INTERVENTIONS/TRAINING P	tinue on separate sheet ROGRAMS ATTEI	if necessary)		
	LE OF LEARNING AND DEVELOPMENT IN		INCLUSIVE DATE	ES OF	Type of LD	CONDUCTED COORDED BY
	(Write in fu		(mm/dd/yyyy	) NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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31.	SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTINCTIO (Write in ful		3.	3. (Write in full)
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34.	Are you related by consanguinity or affinity to the pinting chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	g or recommending authority, or to the e supervision over you in the Office,	☐ YES ☑ NO
	b. within the fourth degree (for Local Government Unit - Cal	reer Employees)?	YES V NO  If YES, give details:
35.	a. Have you ever been found guilty of any administrative of	fense?	☐ 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 a by any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details: ————————————————————————————————————
37.	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, e 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 ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO If YES, give details:
	b. Have you resigned from the government service during to election to promote/actively campaign for a national or local		☐ YES ☑ NO If YES, give details:
39.	Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES ☑ NO If YES, give details (country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)		
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:
b.	Are you a person with disability?		YES VNO 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 applican	t /appointee)	
	NAME	ADDRESS	TEL. NO.
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42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.
G Pl	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	/	
	overnment Issued ID: SSS	CHA	
ID	/License/Passport No.: 03-8899132-3	ox)	
Da	te/Place of Issuance:	Date Accomplished	Right Thumbmark
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ing his/her validly issued government ID as indicated above.
			as indicated above.
		Person Administering Oath	
		r orson Auministering Oath	

## CS Form No. 212 Revised 2017

### **PERSONAL DATA SHEET**

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				CONFERMENT				NUMBER	Validity
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(Include pri	vate employment	. Start from your recen	t work) Descriptio	n of duties should be	e indicated in the attach	ed Work Ex	perience sheet		
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		(Write in full)

34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?		☐ YES ☑ NO
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offe	ense?	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 arby any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er 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 Barangay election)?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local		☐ 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) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),		
a.	Are you a member of any indigenous group?		YES , NO
b.	Are you a person with disability?		If YES, please specify:  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.
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: SSS	Praeeum	
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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 (1) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only 1. CS ID No. 2. SURNAME BANIAGA NAME EXTENSION (JR., SR) MARCOS FIRST NAME JULIAN MIDDLE NAME 3. DATE OF BIRTH 16 CITIZENSHIP 10/7/1978 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: If holder of dual citizenship ZARAGOZA, NUEVA ECIJA 4. PLACE OF BIRTH please indicate the details. ~ ☐ Female ✓ Male 5. SEX ✓ Married 17. RESIDENTIAL ADDRESS Single 6 CIVIL STATUS Street e/Block/Lot No ☐ Separated ☐ Widowed Other/s: Barangay Subdivision/Village 5'7" 7 HEIGHT (m) City/Municipality ZIP CODE 75KG 8 WEIGHT (kg) 18. PERMANENT ADDRESS 9. BLOOD TYPE Street House/Block/Lot No SAN ISIDRO 10. GSIS ID NO. Subdivision/Villag Barangay NUEVA ECIJA ZARAGOZA 1410-0005-6467 11. PAG-IBIG ID NO. City/Municipalit ZIP CODE 07-050221432-0 12. PHILHEALTH NO 042 7249694 19. TELEPHONE NO. 33-4969876-9 13 SSS NO 09084618806 20. MOBILE NO. 236-937-150 14 TIN NO. marcos.baniaga@yahoo.com 06-03-013 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) BANIAGA 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) 1/23/2012 NICCI JOY FIRST NAME REYES MIDDLE NAME SARI SARI STORE OWNER OCCUPATION NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INC. FMPLOYER/BUSINESS NAME 228 GABALDON ST., BRGY. SAN ROQUE, CABANATUAN CITY BUSINESS ADDRESS 044 463 9112 TELEPHONE NO BANIAGA 24. FATHER'S SURNAME IAME EXTENSION (JR., SR) APOLONIO FIRST NAME VILORIA MIDDLE NAME 25. MOTHER'S MAIDEN NAME BANIAGA SURNAME ESTELITA FIRST NAME JULIAN MIDDLE NAME SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL (Write in full) BASIC EDUCATION/DEGREE/COURSE GRADUATED (Write in full) (if not graduated) From To SAN ISIDRO ELEM. SCHOOL ELEMENTARY ZARAGOZA NATIONAL HIGH SCHOOL SECONDARY VOCATIONAL / TRADE COURS ARAULLO UNIVERSITY COLLEGE GRADUATE STUDIES SIGNATURE CS FORM 212 (Revised 2017). Page 1 of 4

		CARRY CARY LINE	DATE OF		J. James		LICENSE (if ap	plicable)
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			INCLUSIVE			Type of LD	
0.	TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS	ATTENI (mm/di	DANCE	NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
	(Assire as con)		From	То		Technical/etc)	
	ATTEMPT AND DRIVE AND AND AN ALL SECTION OF THE PROPERTY OF TH						
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			seasons in memoria	o em ya ya daleesia			
VIII. (	OTHER INFORMATION				postar estatua de la compansión de la comp		MEMBERSHIP IN ASSOCIATION/ORGANIZ
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DIST (W	FINCTIONS / REC rite in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ
SENIOR C							
		30 100					
			ALIAN ME				
	SIGNATURE	mibamp	20	WALLES TO SHARE THE PARTY OF TH		DATE	
	SIGNATURE	- Till arrive	7				CS FORM 212 (Revised 2017), F
							S. S. W. E. E. ( STROUGE LOTT), P

0	re you related by consanguinity or affinit 3 appointing or nief of bureau or office or to the person who has immediate si								
	ureau or Department where you will be apppointed,		YES V						
а	within the third degree?	r Employees)?	YES V NO						
b	within the fourth degree (for Local Government Unit - Caree	Limpioyaday.	If YES, give details:						
26 2	a. Have you ever been found guilty of any administrative offen	se?	☐ YES ☑ N	0					
50, 6	a nave year over the second of		If YES, give details:						
			☐ YES ☑	NO					
	b. Have you been criminally charged before any court?		If YES, give details:						
			Date Filed:						
			Status of Case/s:						
36.	Have you ever been convicted of any crime or violation of any	y law, decree, ordinance or regulation		NO					
	by any court or tribunal?		If YES, give details:						
37.	Have you ever been separated from the service in any of the	following modes: resignation,	YES VO						
	retirement, dropped from the rolls, dismissal, termination, en	d of term, finished contract or phased	If YES, give details:						
	out (abolition) in the public or private sector?		71 NO						
38.	A. Have you ever been a candidate in a national or local electron Barangay election)?	YES If YES, give details:	NO NO						
		- three (2) morth unried before the last		✓ NO					
	b. Have you resigned from the government service during th election to promote/actively campaign for a national or local	If YES, give details:	-1 140						
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):							
			II 120, give details (voulidy).						
- 10	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	and Carta for Disabled Persons (RA							
40.	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 If YES, please specify ID	No.						
	And you a cale negent?		₩ NO						
C.	Are you a solo parent?		If YES, please specify ID						
41	REFERENCES								
H	NAME	ADDRESS	TEL NO.						
H									
	NICCI JOY R. BANIAGA	SAN ISIDRO, ZARAGOZA, N.E.	9218882192						
H									
42	I declare under oath that I have personally accomplished	I this Personal Data Sheet which is a	true correct and						
1	complete statement pursuant to the provisions of pertine								
1	Philippines. I authorize the agency head/authorized repre-	선생님들은 발표하다 하는 지원이었다고 내 전에 가장 주었다. 그리고 살아가면 하면 사람이 되었다.							
	I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ument and its attachments shall cau	ise the filing of						
	auministrativo/oriminar odoo/o agamot mo.								
1	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)								
۱ŀ	PLEASE INDICATE ID Number and Date of Issuance	mjoanlaga	/						
	Sovernment Issued ID:								
11	D/License/Passport No.:	box)							
	ate/Place of Issuance:		Right Thumbmark						
L	Date Accomplished Right Thumbmark								
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	oiting his/her validly issued gov	vernment ID as indicated above.					
ALTERNACIO DE									
		Person Administering O	ath						
	Les la company de la compa	r croon Administering Oc							
-				CS FORM 212 (Revised 2017), Page 4 of					