

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 | FORTUNATO | | NAME EXTENSION (JR., SR) | JR |
| MIDDLE NAME | LACSON | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 09/21/1961 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: | |
| 4. PLACE OF BIRTH | MALABON RIZAL | If holder of dual citizenship, please indicate the details. | | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | 13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province | |
| 7. HEIGHT (m) | 5'8" | ZIP CODE | 1223 | |
| 8. WEIGHT (kg) | 165lbs | 18. PERMANENT ADDRESS | 13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province | |
| 9. BLOOD TYPE | A+ | ZIP CODE | 1223 | |
| 10. GSIS ID NO. | | 19. TELEPHONE NO. | | |
| 11. PAG-IBIG ID NO. | 030241764809 | 20. MOBILE NO. | | |
| 12. PHILHEALTH NO. | 01-050451160-5 | 21. E-MAIL ADDRESS (if any) | | |
| 13. SSS NO. | 03-8119585-4 | | | |
| 14. TIN NO. | 136-167-071 | | | |
| 15. AGENCY EMPLOYEE NO. | 05-01-001 | | | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|---|-----------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | DIMAGIBA | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | MARIA ELOISA | NAME EXTENSION (JR., SR) | FRANCIS EMIL FORT V. DIMAGIBA | 03/10/1991 |
| MIDDLE NAME | VALLE | | EARIEL FORT D. SANTE | 11/25/1993 |
| OCCUPATION | CORPORATE SECRETARY | | ERIN MARIE FORT V. DIMAGIBA | 09/01/1998 |
| EMPLOYER/BUSINESS NAME | NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. | | ELLEANA FORT V. DIMAGIBA | 03/02/2001 |
| BUSINESS ADDRESS | 228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECIA | | | |
| TELEPHONE NO. | (044) 4642063/463-9112 | | | |
| 24. FATHER'S SURNAME | DIMAGIBA | | | |
| FIRST NAME | FORTUNATO | NAME EXTENSION (JR., SR) SR | | |
| MIDDLE NAME | CRUZ | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | LACSON | | | |
| FIRST NAME | AURORA | | | |
| MIDDLE NAME | JACOB | | (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 | ST. JAMES ACADEMY | | | | | 1975 | |
| SECONDARY | ST. JAMES ACADEMY | | | | | 1979 | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | DE LA SALLE UNIVERSITY | BA MANAGEMENT | | | | 1990 | |
| GRADUATE STUDIES | | | | | | | |

(Continue on separate sheet if necessary)

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| SIGNATURE | | DATE | |
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

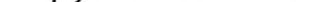
(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

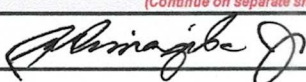
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.




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(Continue on separate sheet if necessary)

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| SIGNATURE |  | DATE | |
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| 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 | | | |
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| (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 | | | |
| | 2015 ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP | 03/26/2015 | 03/26/2015 | | | INSTITUTE OF CORPORATE DIRECTORS |
| | CORPORATE GOVERNANCE AND AMLA SEMINAR | 06/21/2016 | 06/21/2016 | 5 HOURS | | PHIL.CORPORATE ENHANCEMENT AND GOVERNANCE, INC. |
| | ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE I:AML/CTF STANDARDS AND BASELINE TRAINING | 10/16/2020 | 10/16/2020 | 2.5 HOURS | | SGV&CO. |
| | ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE II: AML/CTF RISK MANAGEMENT FRAMEWORK | 11/27/2020 | 11/27/2020 | 2.5 HOURS | | SGV&CO. |
| | AML/CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS | 03/22/2022 | 03/22/2022 | 3 HOURS | | AMLC |
| | AMLC REPORTING AND REGISTRATION GUIDELINES WEBINAR | 03/16/2022 | 03/16/2022 | 3 HOURS | | AMLC |
| | Effective ML/TF Risk Assessment in Insurance | 04/02/2025 | 04/02/2025 | 2 HOURS | | FINTELEKT |
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| VIII. OTHER INFORMATION | | | | | | |
| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
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| (Continue on separate sheet if necessary) | | | | | | |
| SIGNATURE | |  | | DATE | | |

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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 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) | | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | NAME | ADDRESS | TEL. NO. | | | | | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | |
| <div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID ID/License/Passport No.: 0003-8119585-4 Date/Place of Issuance: _____</div> | <div> Signature (Sign inside the box) _____ Date Accomplished _____</div> | <div> PHOTO  Right Thumbmark</div> | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | | |
| <div>_____ Person Administering Oath</div> | | | | | | | | | | | | | | |

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

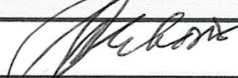
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|-------------------------------|--|---|--|-----|
| 2. SURNAME | LAHOM | | | |
| FIRST NAME | TOMAS | | NAME EXTENSION (JR., SR) | III |
| MIDDLE NAME | FAUSTO | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 02/05/1959 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: | |
| 4. PLACE OF BIRTH | QUEZON CITY | If holder of dual citizenship, please indicate the details. | Philippines ▼ | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | | |
| 7. HEIGHT (m) | 176cms | ZIP CODE | House/Block/Lot No. Street | |
| 8. WEIGHT (kg) | 98 kg | | Lahom Farms Dona Lucia Quezon | |
| 9. BLOOD TYPE | | | Subdivision/Village Barangay | |
| 10. GSIS ID NO. | | | City/Municipality Nueva Ecija | |
| 11. PAG-IBIG ID NO. | | | Province | |
| 12. PHILHEALTH NO. | | 18. PERMANENT ADDRESS | | |
| 13. SSS NO. | | ZIP CODE | House/Block/Lot No. Street | |
| 14. TIN NO. | 174-979-968 | | Lahom Farms Brgy. Dona Lucia Quezon | |
| 15. AGENCY EMPLOYEE NO. | | | Subdivision/Village Barangay | |
| | | | City/Municipality Nueva Ecija | |
| | | | Province | |
| | | 19. TELEPHONE NO. | | |
| | | 20. MOBILE NO. | 0917-5448846 | |
| | | 21. E-MAIL ADDRESS (if any) | lahom_farms@hotmail.com | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-------------------------------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | Lahom | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | Ma. Lourdes | NAME EXTENSION (JR., SR) | Tomas Uzeil Lahom IV | 12/14/1998 |
| MIDDLE NAME | Cupcupin | | | |
| OCCUPATION | Government Official | | | |
| EMPLOYER/BUSINESS NAME | Local Government unit of Quezon N.E | | | |
| BUSINESS ADDRESS | Municipal Hall Quezon N.E | | | |
| TELEPHONE NO. | | | | |
| 24. FATHER'S SURNAME | Lahom | | | |
| FIRST NAME | Bienvenido | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | Padilla | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | Fausto | | | |
| FIRST NAME | Lydia | | | |
| MIDDLE NAME | | | (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 Beda College | Elementary | 1996 | 1972 | | 1972 | |
| SECONDARY | San Beda College | High School | 1972 | 1976 | | 1976 | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | San Beda College | BSC Accounting | 1976 | 1980 | | 1980 | |
| GRADUATE STUDIES | San Beda College | Bachelor of Laws | 1981 | 1985 | | 1985 | |

| | | | |
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| SIGNATURE |  | DATE | |
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| 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 |
| | Certified Public Accountant | Passed | 1980 | Manila | | |
| | Bar Exam | Passed | 1986 | Manila | | |
| | | | | | | |
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V. WORK EXPERIENCE

[illegible]

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|-----------|---|------|--|
| 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 | | |
| | Integrated Bar of te Phils. | | | | Member |
| | Phils. Institute of Public Accounts | | | | Member |
| | San Beda Alumni Association | | | | Member |
| | Philippine practical Shooting Association | | | | Member |
| | PDP Laban Nueva Ecija | | | | Member |
| | | | | | Legal Team |
| | | | | | |

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|--------------------------------|--|---|
| Management/Supervision | | |
| Bill Drafting | | |
| Computer Literate | | |
| Policy Making | | |
| Organization and Implementatio | | |
| | | |
| | | |

(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 appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
|---|--|---|---------|----------|--|--|--|--|--|--|--|--|--|
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> <div>Date Filed: _____</div> <div>Status of Case/s: _____</div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">NAME</th><th style="width: 40%;">ADDRESS</th><th style="width: 20%;">TEL. NO.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> | | NAME | ADDRESS | TEL. NO. | | | | | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div style="border: 1px solid black; padding: 2px;">Government Issued ID: UMID</div> <div style="border: 1px solid black; padding: 2px;">ID/License/Passport No.: 006-0104-3404-2</div> <div style="border: 1px solid black; padding: 2px;">Date/Place of Issuance: _____</div> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature (Sign inside the box)</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Date Accomplished _____</div> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTO</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Right Thumbmark</div> | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div></div> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;">Person Administering Oath</div> | | | | | | | | | | | | | |

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 | 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 | 18. PERMANENT ADDRESS | 13A ZIPPER House/Block/Lot No. Street SAN LORENZO SAN LORENZO Subdivision/Village Barangay MAKATI METRO MANILA City/Municipality Province |
| 9. BLOOD TYPE | A+ | ZIP CODE | 1223 |
| 10. GSIS ID NO. | | 19. TELEPHONE NO. | 88760070 |
| 11. PAG-IBIG ID NO. | 121103971159 | 20. MOBILE NO. | 09175360310 |
| 12. PHILHEALTH NO. | 01-051838778-8 | 21. E-MAIL ADDRESS (if any) | francis_dimagiba310@yahoo.com |
| 13. SSS NO. | 34-2963583-3 | | |
| 14. TIN NO. | 411-581-160 | | |
| 15. AGENCY EMPLOYEE NO. | | | |

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) | | |
| MIDDLE NAME | | | N/A | |
| OCCUPATION | | | | |
| EMPLOYER/BUSINESS NAME | | | | |
| BUSINESS ADDRESS | | | | |
| TELEPHONE NO. | | | | |
| 24. FATHER'S SURNAME | DIMAGIBA | | | |
| FIRST NAME | FORTUNATO | NAME EXTENSION (JR., SR) | | |
| 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 | 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)

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| SIGNATURE |  | DATE | |
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

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|-----------|---|------|--|
| SIGNATURE |  | DATE | |
|-----------|---|------|--|

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

[illegible]

(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)

[illegible][illegible]

VIII. OTHER INFORMATION

| | | | | | |
|----|----------------------------|----|---|----|--|
| 31 | SPECIAL SKILLS and HOBBIES | 32 | NON-ACADEMIC DISTINCTIONS / RECOGNITION | 33 | MEMBERSHIP IN ASSOCIATION/ORGANIZATION |
|----|----------------------------|----|---|----|--|

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| | | | |
|-----------|---|------|--|
| SIGNATURE |  | DATE | |
|-----------|---|------|--|

| | | | |
|-----------|---|------|--|
| SIGNATURE | | DATE | |
|-----------|---|------|--|

CS FORM 212 (Revised 2017) Page 3 of 4

| | |
|--|---|
| 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)? | NO 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? | NO If YES, give details: _____ 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.



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|---|--|--|-----------------------|---------------------------|--------------------------|---------|-------------------------|------------|--|--|---------------------------------|--|-------------------|--|--|-----------------|
| <table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>PRC</td></tr><tr><td>ID/License/Passport No.:</td><td>0155951</td></tr><tr><td>Date/Place of Issuance:</td><td>Nov.7,2013</td></tr></table> | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | | Government Issued ID: | PRC | ID/License/Passport No.: | 0155951 | Date/Place of Issuance: | Nov.7,2013 | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td> </td></tr><tr><td>Date Accomplished</td></tr></table> | | Signature (Sign inside the box) | | Date Accomplished | <table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table> | | Right Thumbmark |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | | | | | | | | | | | | | | | | |
| Government Issued ID: | PRC | | | | | | | | | | | | | | | |
| ID/License/Passport No.: | 0155951 | | | | | | | | | | | | | | | |
| Date/Place of Issuance: | Nov.7,2013 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | |
| <table><tr><td> </td></tr><tr><td>Person Administering Oath</td></tr></table> | | | | Person Administering Oath | | | | | | | | | | | | |
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| Person Administering Oath | | | | | | | | | | | | | | | | |

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 | MARIA ELOISA | NAME EXTENSION (JR., SR) | |
| MIDDLE NAME | VALLE | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 05/15/1963 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | MAKATI RIZAL | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | 13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province |
| 7. HEIGHT (m) | 5'1 | ZIP CODE | 1223 |
| 8. WEIGHT (kg) | 145lbs | 18. PERMANENT ADDRESS | 13A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province |
| 9. BLOOD TYPE | O+ | ZIP CODE | 1223 |
| 10. GSIS ID NO. | | 19. TELEPHONE NO. | 817-0547/817-2541 |
| 11. PAG-IBIG ID NO. | 03023438505 | 20. MOBILE NO. | 09175344057 |
| 12. PHILHEALTH NO. | 19-052685916-6 | 21. E-MAIL ADDRESS (if any) | eloi.dimagiba@yahoo.com |
| 13. SSS NO. | 03-8417547-3 | | |
| 14. TIN NO. | 121-535-092 | | |
| 15. AGENCY EMPLOYEE NO. | 05-01-002 | | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|---|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | DIMAGIBA | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | FORTUNATO | NAME EXTENSION (JR., SR) | FRANCIS EMIL FORT V. DIMAGIBA | 03/10/1991 |
| MIDDLE NAME | LACSON | | EARIEL FORT D. SANTE | 11/25/1993 |
| OCCUPATION | PRESIDENT | | ERIN MARIE FORT V. DIMAGIBA | 09/01/1998 |
| EMPLOYER/BUSINESS NAME | NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. | | ELLEANA FORT V. DIMAGIBA | 03/02/2001 |
| BUSINESS ADDRESS | 228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECIIJA | | | |
| TELEPHONE NO. | (044) 464-2063/463-9112 | | | |
| 24. FATHER'S SURNAME | VALLE | | | |
| FIRST NAME | EMILIANO | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | GATAPIA | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | NEYRA | | | |
| FIRST NAME | REMEDIOS | | | |
| MIDDLE NAME | AHYONG | | (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 | AURORA A. QUEZON ELEMENTARY SCHOOL | | | | 1976 | | |
| SECONDARY | MALATE CATHOLIC SCHOOL | | | | 1980 | | |
| VOCATIONAL / TRADE COURSE | | | | | | | |
| COLLEGE | ST. PAUL'S COLLEGE MANILA | JUNIOR MANAGEMENT BS IN COMMERCE- ACCOUNTING | | | 1982 1985 | | |
| GRADUATE STUDIES | | | | | | | |

(Continue on separate sheet if necessary)

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| SIGNATURE | | DATE | |
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(Continue on separate sheet if necessary)

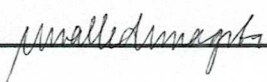
V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

| | | | | | | | |
|----|-----------------|--|--|--|------------------|--|--|
| 28 | INCLUSIVE DATES | | | | SALARY/ JOB/ PAY | | |
|----|-----------------|--|--|--|------------------|--|--|

(Continue on separate sheet if necessary)

parallel magnetic

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 | | | |
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| (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 | | | |
| | 2015 ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP | 03/03/2015 | 03/03/2015 | | | INSTITUTE OF CORPORATE DIRECTORS |
| | CORPORATE GOVERNANCE AND AMLA SEMINAR | 06/21/2016 | 06/21/2016 | 5 HOURS | | PHIL.CORPORATE ENHANCEMENT AND GOVERNANCE, INC. |
| | DATA PROTECTION OFFICERS' BRIEFING | 02/15/2018 | 02/15/2018 | | | NATIONAL PRIVACY COMMISSION |
| | ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE I: AML/CTF STANDARDS AND BASELINE TRAINING | 10/16/2020 | 10/16/2020 | 2.5 HOURS | | SGV&CO. |
| | ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE II: AML/CTF RISK MANAGEMENT FRAMEWORK | 11/27/2020 | 11/27/2020 | 2.5 HOURS | | SGV&CO. |
| | 2022 SEC COMMUNICATION,ADVOCACY AND NETWORK(SEC CAN) | 03/04/2022 | 03/04/2022 | 2 HOURS | | SECURITIES AND EXCHANGE COMMISSION |
| | AML/CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS | 03/22/2022 | 03/22/2022 | 3 HOURS | | AMLC |
| | AMLC REPORTING AND REGISTRATION GUIDELINES WEBINAR | 03/16/2022 | 03/16/2022 | 3 HOURS | | AMLC |
| | Effective ML/TF Risk Assessment in Insurance | 04/02/2025 | 04/02/2025 | 2 HOURS | | FINTELEKT |
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| (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) | |
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| (Continue on separate sheet if necessary) | | | | | | |
| SIGNATURE | |  | | DATE | | |

| <p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
|---|---|----------|--|----------|-----------------------|------|--------------------------|----------------|-------------------------|--|--|-------------------------------------|-------------------|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p> | | | | | | | | | | | | |
| <p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p> | | | | | | | | | | | | |
| <p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> | | | | | | | | | | | | |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | | | | | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>UMID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0003-8417547-3</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td> </td> </tr> </table> | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | PLEASE INDICATE ID Number and Date of Issuance | | Government Issued ID: | UMID | ID/License/Passport No.: | 0003-8417547-3 | Date/Place of Issuance: | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; text-align: center; vertical-align: middle;"> Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table> | Signature (Sign inside the box) | Date Accomplished |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | | | | | | | | | |
| PLEASE INDICATE ID Number and Date of Issuance | | | | | | | | | | | | | |
| Government Issued ID: | UMID | | | | | | | | | | | | |
| ID/License/Passport No.: | 0003-8417547-3 | | | | | | | | | | | | |
| Date/Place of Issuance: | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;"> </td> </tr> <tr> <td style="text-align: center;">Right Thumbmark</td> </tr> </table> | | | Right Thumbmark | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Right Thumbmark | | | | | | | | | | | | | |
| <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 80px; margin: 10px auto; text-align: center; padding-top: 10px;"> <p>Person Administering Oath</p> </div> | | | | | | | | | | | | | |

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 | SANTE | | |
| FIRST NAME | EARIEL FORT | | NAME EXTENSION (JR., SR) |
| MIDDLE NAME | DIMAGIBA | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 11/25/1993 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | MAKATI PHILIPPINES | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <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 1223 |
| 7. HEIGHT (m) | 1.68m | 18. PERMANENT ADDRESS | 13A ZIPPER House/Block/Lot No. Street SAN LORENZO VILLAGE SAN LORENZO Subdivision/Village Barangay MAKATI City/Municipality Province 1223 |
| 8. WEIGHT (kg) | 61kg | 19. TELEPHONE NO. | +632 88170547 |
| 9. BLOOD TYPE | A+ | 20. MOBILE NO. | +639175361125 |
| 10. GSIS ID NO. | N/A | 21. E-MAIL ADDRESS (if any) | efvdimagiba@yahoo.com |
| 11. PAG-IBIG ID NO. | 1211-6308-2543 | | |
| 12. PHILHEALTH NO. | 01-052196623-3 | | |
| 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 | SANTE | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | RON ALLEN | NAME EXTENSION (JR., SR) | Anton Emilio D. Sante | 09/05/2023 |
| MIDDLE NAME | PE BENITO | | | |
| 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 | efvdimagiba | DATE | |
|-----------|-------------|------|--|

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|--|---|------|--|
| (continued on separate sheet if necessary) | | | |
| SIGNATURE |  | DATE | |

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

[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

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|---|---------|------|--|
| (Continue on separate sheet if necessary) | | | |
| SIGNATURE | ehdanti | 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)? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | NAME | ADDRESS | TEL. NO. | | | | | | | | | |
| 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. | |  | | | | | | | | | | | | |
| <div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: UMID</div> <div>ID/License/Passport No.: CRN-011-3072-8378-1</div> <div>Date/Place of Issuance: _____</div> | <div></div> <div>Signature (Sign inside the box)</div> <div>_____</div> <div>Date Accomplished</div> <div>_____</div> | <div></div> <div>Right Thumbmark</div> | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | | |
| <div> </div> <div>Person Administering Oath</div> | | | | | | | | | | | | | | |

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 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | MALABON CITY | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | BLOCK 7 LOT 5 ST.MARGARET House/Block/Lot No. Street DECA HOMES LOMA DE GATO Subdivision/Village Barangay MARILAO BULACAN City/Municipality Province |
| 7. HEIGHT (m) | 1.67M | ZIP CODE | 3019 |
| 8. WEIGHT (kg) | 75kg | | |
| 9. BLOOD TYPE | AB | 18. PERMANENT ADDRESS | BLOCK 7 LOT 5 MARGARET House/Block/Lot No. Street DECA HOMES LOMA DE GATO Subdivision/Village Barangay MARILAO BULACAN City/Municipality Province |
| 10. GSIS ID NO. | | ZIP CODE | 3019 |
| 11. PAG-IBIG ID NO. | 030234357508 | | |
| 12. PHILHEALTH NO. | 07-050390565-3 | 19. TELEPHONE NO. | |
| 13. SSS NO. | 03-8899132-3 | 20. MOBILE NO. | |
| 14. TIN NO. | 164-135-993 | | |
| 15. AGENCY EMPLOYEE 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 | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS 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 | | | | | | | |

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|--|
| SIGNATURE |  | DATE | |
|-----------|---|------|--|

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE *(Include only relevant employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience sheet.*

| Include private employment. Start from your recent work. Description of duties should be indicated in the column below. | | | | SALARY/ JOB/ PAY |
|---|--|--|--|------------------|
| | | | | |

[illegible]

(Continue on separate sheet if necessary)

CS FORM 212 (Revised 2017), Page 2 of 4

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 | |
|--|--|
| 1. Name of the Program | |
| 2. Description of the Program | |
| 3. Date Attended | |
| 4. Location | |
| 5. Duration | |
| 6. Facilitator | |
| 7. Topics Covered | |
| 8. Key Takeaways | |
| 9. Action Items | |
| 10. Feedback | |


[illegible]

(Continue on separate sheet if necessary)



VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|--|
| SIGNATURE |  | DATE | |
|-----------|---|------|--|

CS EOPM 242 (Revised 2017) Page 37

| 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)? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
|---|--|---|---------|----------|--|--|--|--|--|--|--|--|--|
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> <div>Date Filed: _____</div> <div>Status of Case/s: _____</div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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? | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">NAME</th><th style="width: 40%;">ADDRESS</th><th style="width: 20%;">TEL. NO.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> | | NAME | ADDRESS | TEL. NO. | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| <div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: SSS</div> <div>ID/License/Passport No.: 03-8899132-3</div> <div>Date/Place of Issuance: </div> | <div style="border: 1px solid black; height: 60px; margin-bottom: 5px; text-align: center; font-size: 2em; color: gray;">Signature</div> <div>Signature (Sign inside the box)</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; text-align: center; font-size: 0.8em; color: gray;">Date</div> <div>Date Accomplished</div> | <div style="text-align: center;"> PHOTO</div> <div style="text-align: center;"> Right Thumbmark</div> | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div><div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div><div style="border: 1px solid black; width: 250px; height: 20px; margin: 10px auto; text-align: center;">Person Administering Oath</div></div> | | | | | | | | | | | | | |

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 | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | PENARANDA, NUEVA ECIJA | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | |
| 6. CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> 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_adelante@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 | 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 | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|--------------------------------|---|----------------------|------|--|----------------|---------------------------------------|
| | | | From | To | | | |
| 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 | |
|-----------|--|------|--|

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|------------------|---|-------------|--|
| SIGNATURE |  | DATE | |
|------------------|---|-------------|--|

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[illegible]

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

[illegible]



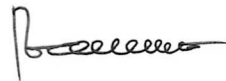
VIII. OTHER INFORMATION

[illegible]

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|-----------|---|------|--|
| SIGNATURE |  | DATE | |
|-----------|---|------|--|

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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)? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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? | | <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | NAME | ADDRESS | TEL. NO. | | | | | | | | | |
| 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. | | <div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div> | | | | | | | | | | | | |
| <div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: SSS</div> <div>ID/License/Passport No.: 02-1650019-0</div> <div>Date/Place of Issuance: _____</div> | <div></div> <div>Signature (Sign inside the box)</div> <div>_____</div> <div>Date Accomplished</div> <div>_____</div> | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | | |
| <div> </div> <div>Person Administering Oath</div> | | | | | | | | | | | | | | |