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

	TO FILLING OUT THE PERSONAL DATA SH. () and use separate sheet if necessary. Indicat N			E PDS FORI	1. CS ID No.		(Do not fill up.	For CSC use only	
2. SURNAME	LIGAD								
FIRST NAME	KRIS VINCE LEO		NAME EXTENSION (JR., SR)						
MIDDLE NAME	LOGROÑO								
3. DATE OF BIRTH	3/7/2000	16. CITIZENSHIP							
(mm/dd/yyyy)	6,1,2666	16: 6:11.22.1.6:111							
4. PLACE OF BIRTH	MAASIN CITY, SOUTHERN LEYTE	If holder of dual citize	enship,			Pls. indicate co	country:		
5. SEX		please indicate the d	please indicate the details.						
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS					A. BONIFACIO		
			House/Block/Lot No.				Street TALISAY		
7. HEIGHT (m)	1.7 m		Subdivision/Village LIBAGON			SC	Barangay SOUTHERN LEYTE		
		ZIP CODE	City/Municipality			6615	Province		
8. WEIGHT (kg)	74 kgs	18. PERMANENT ADDRESS					6615 A. BONIFACIO		
9. BLOOD TYPE	0+	_	Ног	use/Block/Lot N	0.		Street TALISAY		
10. GSIS ID NO.			Su	ıbdivision/Villag	е		Barangay		
11. PAG-IBIG ID NO.	121293679486		LIBAGON City/Municipality			SC	SOUTHERN LEYTE Province		
12. PHILHEALTH NO.	13-251645372-2	ZIP CODE		6615					
13. SSS NO.	35-1561574-1	19. TELEPHONE NO.	N/A						
14. TIN NO.	746-107-154	20. MOBILE NO.	0946 124 5814						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		vince.ligad0703@gmail.com					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A				N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	LIGAD								
FIRST NAME	VINCENT	NAME EXTENSION (JR., SR)							
MIDDLE NAME	TENCHAVEZ	:							
25. MOTHER'S MAIDEN NAME									
SURNAME	LOGROÑO								
FIRST NAME	LEAH								
MIDDLE NAME	PALARAS			(C	ontinue on se	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKG	ROUND	T				HIGHEST LEVEL/		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in fo	BASIC EDUCATION/DEGREE/CO	OURSE Write in full)	PERIOD OF	ATTENDANCE	UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS	
	·	,	,	From	То	(if not graduated)		RECEIVED SALUTATO	
ELEMENTARY	LIBAGON CENTRAL ELEMENTARY SCHOOL			2007	2013		2013	RIAN	
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL			2013	2019		2019		
VOCATIONAL /									
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE MANAGEMEN		2019	2024		2024		
GRADUATE STUDIES									
		(Continue on separate sheet if nec	essary)				L		
SIGNATURE	FARE	4		DA	\TE	Ja	nuary 9, 202	5	

27. CAREER SERVICE/RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)	IV. CIVIL SERVICE ELIGIBILITY									
CARER SERVICE PROFESSIONAL DRIVER'S LISENCE DR	27 CAREER SERVICE/ DA 1080 /ROARD/ RADVINDER								oplicable)	
CAREER SERVICE PROFESSIONAL 83.56 03762023 CSC FO WESTERN LETTE COMMO CITY. LETTE LE	SPECIAL LAWS/ CES/ CSEE RATING (If Applicable)				PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
Continue on squared short discovering. White Nution of Continue on Squared short discovering. To T				03/26/2023			OC CITY,			
Property	DRIVER'S LISENCE		6/11/2024	LTO MAASIN CITY, SOUTHERN LEYTE			H11-19-001027	7/3/2029		
Property										
V. WORK EXPERIENCE Intelligence Start from your recent work) Description of duties should be indicated in the state-had Work Experience sheet										
V. WORK EXPERIENCE Intelligence Start from your recent work) Description of duties should be indicated in the state-had Work Experience sheet										
V. WORK EXPERIENCE Intelligence Start from your recent work) Description of duties should be indicated in the state-had Work Experience sheet										
V. WORK EXPERIENCE Intelligence Start from your recent work) Description of duties should be indicated in the state-had Work Experience sheet										
Property										
Property				(Cor	ntinue on senarate sheet	if necessary)				
Section Commence	V. WORK E	XPERIENCE		(00)	iunue on separate sneet	ii necessary)				
Part			nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attache	ed Work Ex			GOVI
To			POSITION TITLE	(Write in full/Do not				GRADE (if	STATUS OF	SERVICE
S112022 052772022 CUSTOMER SERVICE REPRESENTATIVE VIRTUAL STAFFING DOMOS 16000.00 PARTITIME 1018/2021 121172021 RESEARCHER MUNICIPAL PLANNING AND DEVELOPMENT OFFICE 6600.00 CONTRACTUAL	From	То	abbreviate				SALARY	(Format *00-0*)/	APPOINTMENT	
3/1/2022 05/27/2022 CUSTOMER SERVICE REPRESENTATIVE VIRTUAL STAFFING SOLUTIONS 16000.00 PART-TIME 10/18/2021 12/17/2021 RESEARCHER MUNICIPAL PLANNING AND DEVELOPMENT OFFICE 6500.00 CONTRACTUAL ON THE PROPERTY OFFICE 6500.00 CONTRACTUAL ON	7/8/2024	12/27/2024	ADMINISTRAT	VE AIDE			8100.00		CONTRACTUAL	
10/18/2021 12/17/2021 RESEARCHER MUNICIPAL PLANNING AND DEVELOPMENT OFFICE 6500.00 CONTRACTUAL	3/1/2022	05/27/2022	CUSTOMER SERVICE R	EPRESENTATIVE			16000.00		PART-TIME	
DEVELOPMENT OFFICE DEVELOPMENT OFFICE	10/18/2021	12/17/2021	RESEARC	HER			6500.00		CONTRACTUAL	
					DEVELOR	MENT OFFICE				
SIGNATURE DATE JANUARY 9, 2025				(Qor	ntinue on separate sheet			I		
CS FORM 212 (Revised 2017), Page	SIGNATURE			5/		DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	DLUNTARY O	RGANIZATIOI	V/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	From	(mm/dd/yyyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
		ntinue on separate				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR		TENDED DATES OF			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT (Write in:		ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
(vorte iii	idil)	(mm/e	dd/yyyy) To		Technical/etc)	(vviile iii luii)
	(Cor	ntinue on separate	sheet if necessary)			
VIII. OTHER INFORMATION						MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	COGNITION	(Write in full)			33. (Write in full)
DANCESPORTS ATHLETE - MODERN STANDARD DISCIPLINE						JUNIOR TOURISM AND HOSPITALITY MANAGEMENT ASSOCIATION OF THE PHILIPPINES
VOLLEYBALL						VISAYAS STATE UNIVERSITY - TORAH
SEWING AND CRAFTING						COLLEGE OF MANAGEMENT AND ECONOMICS SUPREME STUDENT COUNCIL
	10.66	tinue on separate	sheet if necessary			
SIGNATURE	1506	A			ATE	JANUARY 9, 2025

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34.	Are you related by consanguinity or affinity to the appointing 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? b. within the fourth degree (for Local Government Unit - Care	If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offer	If YES, give details:						
	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 arby any court or tribunal?	ny law, decree, ordinance or regulation	If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		If YES, give details: Resignation, to pursue studies.					
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	ction held within the last year (except	If YES, give details:					
	b. Have you resigned from the government service during th election to promote/actively campaign for a national or local		If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	If YES, give details (country):					
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	If YES, please specify: If YES, please specify ID No: If YES, please specify ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	'appointee)						
	NAME	ADDRESS	TEL. NO.					
	NIEL CHRISTIAN E. NANTES CLAYDINE CLAIRE L. DIAZ	LIBAGON, SOUTHERN LEYTE IMUS, CAVITE	0995-540-7079 0997-517-6905					
	ROSE LYN L. SILVANO	TISA, CEBU CITY	0968-898-6643					
42.	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.							
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance overnment Issued ID: SSS ID - 35-1561574-1 D/License/Passport No.: PASSPORT NO P2746499C ate/Place of Issuance: 12/23/2023 - DFA BUTUAN	Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this			ernment ID as indicated above.				
		Parcan Administaring Oat	h					