

CS Form No. 212  
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ESPINA			
FIRST NAME	FRANCIS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DICDICAN			
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 03, 1987	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: <div></div>	
4. PLACE OF BIRTH	MAHAPLAG LEYTE	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	BAYBAYUN House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.8	18. PERMANENT ADDRESS	BAYBAYUN House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	80kg		ZIP CODE	
9. BLOOD TYPE	O+			
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	121202088600			
12. PHILHEALTH NO.	12-050923527-4			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	290 206 269	20. MOBILE NO.	09655705820	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:espinafrans6@gmail.com">espinafrans6@gmail.com</a>	

II. FAMILY BACKGROUND

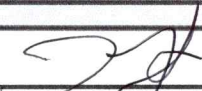
22. SPOUSE'S SURNAME	SANCHEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CRISTINA	NAME EXTENSION (JR., SR)	JANNAH DEVONNE S. ESPINA	JANUARY 17, 2011
MIDDLE NAME	TANAID		ELNATHAN DALE S. ESPINA	SEPTEMBER 03, 2014
OCCUPATION	ADMINISTRATIVE AID III			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA BAYBAY CITY LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ESPINA			
FIRST NAME	PATRICIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	REGATON			
25. MOTHER'S MAIDEN NAME				
SURNAME	DICDICAN			
FIRST NAME	ROSARIO			
MIDDLE NAME	DAYAP			

(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	MAHAPLAG CENTRAL ELEMENTARY SCHOOL		16 06 1905	24 06 1905	N/A	2002	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		25 06 1905	29 06 1905	N/A	2007	N/A
VOCATIONAL / TRADE COURSE	DON BOSCO TECHNOLOGY CENTER CEBU CITY		30 06 1905	1 07 1905	N/A	2009	N/A
COLLEGE	DON BOSCO TECHNOLOGY CENTER CEBU CITY		30 06 1905	1 07 1905	62 units	N/A	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Sept - 20, 2020
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[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.

28	INCLUSIVE DATES				SALARY/JOB/PAY		
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[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>	
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DATE \_\_\_\_\_

September 08, 2020



29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	VSU FIRE BRIGADE VOLUNTER		PRESENT		VOLUNTER
	KNIGHTS OF COLUMBUS		PRESENT		MEMBER

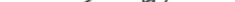
#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible][illegible]










VIII. OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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37. SPECIAL SKILLS AND HOBBIES	38. (Write in full)	39. (Write in full)
COMPUTER HARDWARE SERVICING		KNIGHTS OF COLUMBUS
BUILDING WIRING INSTALLATION		VSU FIRE BRIGADE VOLUNTER
WELDING		
CARPENTRY		
PAINTING		
ELECTRONICS TECHNICIAN		
GARDENING		

SIGNATURE		DATE	September 28, 2020
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?		<input type="checkbox"/> YES <input 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. NORBERTO E. MILLA</td><td>VSU</td><td></td></tr><tr><td>DR.REMBERTO PATINDOL</td><td>VSU</td><td></td></tr><tr><td>DR.ROBERTO GUARTE</td><td>VSU</td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	DR. NORBERTO E. MILLA	VSU		DR.REMBERTO PATINDOL	VSU		DR.ROBERTO GUARTE	VSU	
NAME	ADDRESS	TEL. NO.												
DR. NORBERTO E. MILLA	VSU													
DR.REMBERTO PATINDOL	VSU													
DR.ROBERTO GUARTE	VSU													
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.														
<table><tr><td>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: <b>VOTERs 10</b></td></tr><tr><td>ID/License/Passport No.: <b>3708-0244A-E0387F0E1000</b></td></tr><tr><td>Date/Place of Issuance:</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: <b>VOTERs 10</b>	ID/License/Passport No.: <b>3708-0244A-E0387F0E1000</b>	Date/Place of Issuance:	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td><b>September 28, 2020</b></td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	<b>September 28, 2020</b>	Date Accomplished	<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		PHOTO		Right Thumbmark
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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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