

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	ISRAEL		
FIRST NAME	JERELIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TRESEÑE		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 24, 1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	82 ANDRES BONIFACIO House/Block/Lot No. Street Subdivision/Village BAYBAY CITY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.52m	ZIP CODE	
8. WEIGHT (kg)	45kg		
9. BLOOD TYPE	'AB"	18. PERMANENT ADDRESS	A. BONIFACIO ST. House/Block/Lot No. Street ZONE 1 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-250379965-4		
13. SSS NO.	06-3833371-2	19. TELEPHONE NO.	(053) 563 - 7034
14. TIN NO.	776-691-255	20. MOBILE NO.	09678268133
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	israeljerelie@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	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	ISRAEL			
FIRST NAME	RONILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VALENZONA			
25. MOTHER'S MAIDEN NAME				
SURNAME	TRESEÑE			
FIRST NAME	MA. LUZ			
MIDDLE NAME	CAÑADA		(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	BAYBAY NORTH CENTRAL SCOO	PRIMARY EDUCATION	2002	2008	GRADUATED	2008	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2008	2012	GRADUATED	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND TOURISM MANAGEMENT	2012	2016	GRADUATED	2016	N/A
GRADUATE STUDIES	FRANCISCAN COLLEGE OF IMMACULATE CONCEPCION	BACHELOR OF SCIENCE IN SECONDARY EDUCATION	2019	2020	GRADUATED	2020	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/09/2021	CS FORM 212 (Revised 2017), Page 1 of 4
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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.

[illegible]

(Continue on separate sheet if necessary)

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## 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

[illegible]




(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)
READING	N/A	N/A
WRITING	N/A	N/A
COOKING	N/A	N/A
SEWING	N/A	N/A

*(Continue on separate sheet if necessary)*

SIGNATURE		DATE	07/09/2021	CS FORM 212 (Revised 2017), Page 3
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ RESIGNATION: Resigned due to family matters.												
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>CARLET GAY G. LINGATONG</td><td>Senior Education Program Specialist DepEd Baybay City Division</td><td>9175954122</td></tr><tr><td>MARIA JESUSA P. GORRE</td><td>Instructor, Palermo Hotel Institute of Tourism &amp; Hospitality Inc. (PHITH)</td><td>9155686745</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	CARLET GAY G. LINGATONG	Senior Education Program Specialist DepEd Baybay City Division	9175954122	MARIA JESUSA P. GORRE	Instructor, Palermo Hotel Institute of Tourism & Hospitality Inc. (PHITH)	9155686745			
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number and</td></tr><tr><td>Government Issued ID:</td><td>PHILHEALTH</td></tr><tr><td>ID/License/Passport No.</td><td>13-250379965-4</td></tr><tr><td>Date/Place of Issuance:</td><td>ORMOC CITY, LEYTE</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and	Government Issued ID:	PHILHEALTH	ID/License/Passport No.	13-250379965-4	Date/Place of Issuance:	ORMOC CITY, LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table> <div>Right Thumbmark</div>		Signature (Sign inside the box)	Date Accomplished	
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div>Person Administering Oath</div>													

ID picture taken within the last 6 months  
3.5 cm. X 4.5 cm  
(passport size)  
  
With full and handwritten name tag and signature over printed name  
  
Computer generated or photocopied picture is not acceptable

PHOTO

