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. 1. CS ID No. Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only 2. SURNAME DORON NAME EXTENSION (JR., SR) FIRST NAME ARNEL MIDDLE NAME GUARTE 3. DATE OF BIRTH 09/10/1987 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ☐ by birth ☐ by naturalization 4. PLACE OF BIRTH Cabulihan, Maasin So, Levte If holder of dual citizenship. Pls. indicate country: please indicate the details 5 SEX ✓ Male ☐ Female ☐ Single ✓ Married 17. RESIDENTIAL ADDRESS block 11 lot 11 6 CIVIL STATUS louse/Block/Lot N Street ☐ Widowed □ Separated Villa Soledad Punta ☐ Other/s: Subdivision/Village Barangay Baybay Levte 7. HEIGHT (m) 1.64 Citv/Municipality Province 8. WEIGHT (kg) 54 ZIP CODE 6521 18. PERMANENT ADDRESS block 11 lot 11 9. BLOOD TYPE B+ House/Block/Lat No Street Villa Soledad Punta 10. GSIS ID NO. None Subdivision/Villag Baranga Leyte 11. PAG-IBIG ID NO. 1212-0386-9362 Citv/Municipality Province 12. PHILHEALTH NO 13-025077100-3 ZIP CODE 6521 13. SSS NO. 0111-8791776-9 19. TELEPHONE NO. 14. TIN NO. 416-001-938 09424628491 20. MOBILE NO. 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) arnel.doron@vsu.edu.ph **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME Doron 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) Niña Mae D. Doron FIRST NAME Diana 29/01/2011 Jandy D. Doron MIDDLE NAME 20/05/2013 Decena Angel Ren D. Doron OCCUPATION 29/12/2020 housewife EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME Guarte FIRST NAME Cerenia MIDDLE NAME Cariño (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS NAME OF SCHOOL YEAR GRADUATED LEVEL (Write in full) (Write in full) (if not graduated) RECEIVED From Τo ELEMENTARY Brgy. Cabulihan, Maasin Elementary School year 1994 year 2000 2000 None Franciscan College of Immaculate Conception 2004 SECONDARY year 2000 year 2004 None VOCATIONAL / Franciscan College of Immaculate Conception **Nursing Aide** year 2004 year 2006 2006 None TRADE COURSE COLLEGE GRADUATE STUDIES **SIGNATURE**

January 9, 2023

DATE

IV. CIVIL S	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF	TION / CONFERMENT		LICENSE (if applicable)			
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENI	NUMBER	Date of Validity
			(Co	ntinue on separate sheet	if necessary)				
	EXPERIENCE								
	rate employmer USIVE DATES	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	SALARY/ JOB/ PAY		
(n	(Write in full/Do not abbreviate)			DEPARTMENT / AG (Write in fu	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From	To 31/12/2019	0				40 per hour	INCREMENT	lah Ondan	
16/06/2009 01/01/2020	31/12/2019	Computer Op			VSU Computer Center (Market Area)			Job Order	N Y
01/07/2022	31/12/2021	Laboratory Te			ineering Department ineering Department	553.40/day 553.40/day		Job Order Job Order	Y
01/01/2022	31/12/2022	Laboratory Tel	Cililiciali	V30 CIVII LIIG	meeting Department	555.46/day		Job Order	- '
									-
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									-
		<u> </u>	(Cor	ntinue on separate sheet	if necessary)				
SIGN	ATURE	J			DATE		January 9, 202	23	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK		
(From	То				
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate					
		INCLUSIVE DATES OF		Type of LD Number of Hours Value (Managerial/ Supervisory/ Technical/etc)		CONDUCTED/ SPONSORED BY (Write in full)	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	ATTENDANCE (mm/dd/yyyy)						
		From	То		,		
	(Con	tinue on separate	sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES						33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Baking							
	(0	tinua on constate	shoot if necessari				
SIGNATURE	(Continue on separate sheet if necessary)				ATE	January 9, 2023	

34.	Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - 0)	☐ YES ☐ NO ☐ YES ☐ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative	☐ YES ☐ NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☐ NO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of any court or tribunal?	☐ YES ☐ NO If YES, give details:					
37.	Have you ever been separated from the service in any o dropped from the rolls, dismissal, termination, end of term in the public or private sector?	YES NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local Barangay election)?	☐ YES ☐ NO If YES, give details:					
	b. Have you resigned from the government service durin election to promote/actively campaign for a national or lo	☐ YES ☐ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or perman	☐ YES ☐ NO If YES, give details (country):					
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) I 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?						
41.	REFERENCES (Person not related by consanguinity or affinity to applic						
	NAME	ADDRESS	TEL. NO.				
				3 6			
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 G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: D/License/Passport No.: ate/Place of Issuance:	ox)	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibitii	ng his/her validly issued govern	nment ID as indicated above.			
		Person Administering Oat	h				