

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	LABRADOR		
FIRST NAME	KRYSTEL DENICE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LIMPANGOG		
3. DATE OF BIRTH (mm/dd/yyyy)	12/24/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	TABERNA, PALOMPON, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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	0116 House/Block/Lot No. Street Subdivision/Village TABERNA PALOMPON LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6538
8. WEIGHT (kg)	52.3		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	0116 House/Block/Lot No. Street Subdivision/Village TABERNA PALOMPON LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6538
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	640322083	19. TELEPHONE NO.	N/A
14. TIN NO.	89769489	20. MOBILE NO.	0999 493 9267
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	krysteldenicelimpangog@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	LABRADOR			
FIRST NAME	JIMMY	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SEVILLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	LIMPANGOG			
FIRST NAME	JESSICA			
MIDDLE NAME	INSO			

(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	DOANE CHRISTIAN ACADEMY	PRIMARY EDUCATION	6/6/2005	3/29/2011	N/A	2011	VALEDICTORIAN
SECONDARY	PALOMPON INSTITUTE OF TECHNOLOGY	SECONDARY EDUCATION	6/6/2011	3/25/2015	N/A	2015	1ST HON. MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BS INFORMATION TECHNOLOGY	6/6/2015	3/31/2016	49.00 UNITS	N/A	ACADEMIC
	VISAYAS STATE UNIVERSITY	BS AGRICULTURAL ENGINEERING	7/31/2016	6/15/2020	N/A	2020	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

October 12, 2021

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

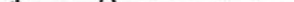
(Continue on separate sheet if necessary)

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)

SIGNATURE		DATE	10/12/2021
-----------	---	------	------------

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		
	BIODIVERSITY CONSERVATION SOCIETY OF THE PHILIPPINES	8/13/2019	8/16/2019	16 HOURS	STUDENT VOLUNTEER
	NATIONAL YOUTH VOLUNTEERS COALITION	2/11/2019	3/1/2019	84 HOURS	ORGANIZER - SECRETARIAT
	PSABE-PPG VISAYAS CHAPTER	8/6/2018	2/10/2019	1512 HOURS	OVERALL VICE CHAIRMAN
	TEAM CENTAURS (CVM-COE) - VISAYAS STATE UNIVERSITY	9/18/2018	9/21/2018	40 HOURS	OVERALL PRODUCTIONS MANAGER


(Continue on separate sheet if necessary)










[illegible][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)
PHOTOGRAPHY	N/A	CAROLINIAN CAMERA GUILD (2015-2016)
ROBOTICS	N/A	VSU ROBOTICS (2017-2020)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 12, 2021
-----------	---	------	------------------

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>PROF. MANOLO B. LORETO, JR. (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)</td><td>DEAN OF STUDENTS - UNIVERSITY STUDENT SERVICES OFFICE, VISAYAS STATE UNIVERSITY</td><td>0917 634 1432</td></tr><tr><td>ENGR. FELICIANO L. SINON, JR. (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)</td><td>DEPARTMENT OF AGRICULTURAL AND BIOSYSTEMS ENGINEERING, VISAYAS STATE UNIVERSITY</td><td>0939 447 7500</td></tr><tr><td>DR. ROBERTO C. GUARTE (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)</td><td>UNIVERSITY PROFESSOR - COLLEGE OF ENGINEERING AND TECHNOLOGY, VISAYAS STATE UNIVERSITY</td><td>0917 310 8078</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	PROF. MANOLO B. LORETO, JR. (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)	DEAN OF STUDENTS - UNIVERSITY STUDENT SERVICES OFFICE, VISAYAS STATE UNIVERSITY	0917 634 1432	ENGR. FELICIANO L. SINON, JR. (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)	DEPARTMENT OF AGRICULTURAL AND BIOSYSTEMS ENGINEERING, VISAYAS STATE UNIVERSITY	0939 447 7500	DR. ROBERTO C. GUARTE (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)	UNIVERSITY PROFESSOR - COLLEGE OF ENGINEERING AND TECHNOLOGY, VISAYAS STATE UNIVERSITY	0917 310 8078
NAME	ADDRESS	TEL. NO.											
PROF. MANOLO B. LORETO, JR. (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)	DEAN OF STUDENTS - UNIVERSITY STUDENT SERVICES OFFICE, VISAYAS STATE UNIVERSITY	0917 634 1432											
ENGR. FELICIANO L. SINON, JR. (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)	DEPARTMENT OF AGRICULTURAL AND BIOSYSTEMS ENGINEERING, VISAYAS STATE UNIVERSITY	0939 447 7500											
DR. ROBERTO C. GUARTE (REGISTERED AGRICULTURAL AND BIOSYSTEMS ENGINEER)	UNIVERSITY PROFESSOR - COLLEGE OF ENGINEERING AND TECHNOLOGY, VISAYAS STATE UNIVERSITY	0917 310 8078											
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: PASSPORT</td></tr><tr><td>ID/License/Passport No.: P0793536B</td></tr><tr><td>Date/Place of Issuance: 02/22/2019 DFA - TACLOBAN</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: PASSPORT	ID/License/Passport No.: P0793536B	Date/Place of Issuance: 02/22/2019 DFA - TACLOBAN	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>10/12/2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	10/12/2021	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: PASSPORT													
ID/License/Passport No.: P0793536B													
Date/Place of Issuance: 02/22/2019 DFA - TACLOBAN													
													
Signature (Sign inside the box)													
10/12/2021													
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								
													
PHOTO													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this OCT 12 2021 , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>TARCISIO Z. LABITAD PUBLIC ATTORNEY III Pursuant to RA 9405 Person Administering Oath</td></tr></table>		TARCISIO Z. LABITAD PUBLIC ATTORNEY III Pursuant to RA 9405 Person Administering Oath											
TARCISIO Z. LABITAD PUBLIC ATTORNEY III Pursuant to RA 9405 Person Administering Oath													