

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 () ☐ 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	JAGONOS		
FIRST NAME	JIMMY	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	PANOGAN		
3. DATE OF BIRTH (mm/dd/yyyy)	04/26/1987	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: Philippines
4. PLACE OF BIRTH	BAYBAY, 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	140 ZONE 4 House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.62	18. PERMANENT ADDRESS	140 ZONE 4 House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	70		ZIP CODE
9. BLOOD TYPE	B+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	2004175561		20. MOBILE NO.
11. PAG-IBIG ID NO.		21. E-MAIL ADDRESS (if any)	
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	JAGONOS	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LIZA ANN	ELIZ JIMELLI C. JAGONOS	05/01/2015
MIDDLE NAME	CORONADO	ERIN JIANNA C. JAGONOS	04/12/2020
OCCUPATION	ADMIN. AIDE III		
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY		
BUSINESS ADDRESS	VISCA, BAYBAY CITY LEYTE		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	JAGONOS		
FIRST NAME	GREGORIO		
MIDDLE NAME	TUASOC		
25. MOTHER'S MAIDEN NAME			
SURNAME	PANOGAN		
FIRST NAME	LILIA		
MIDDLE NAME	DONAYRE		

(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	CAN-IPA ELEM. SCHOOL	ELEMENTARY	1993	2000	N/A	2000	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	2002	2006	N/A	2006	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	NURSING AIDE	2006	2008	N/A	2008	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

02/10/2022

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[illegible]

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	02/10/2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S	
1. Name of the organization	
2. Address of the organization	
3. Telephone number	
4. E-mail address	
5. Nature of the work / involvement	
6. Duration of the work / involvement	
7. Frequency of the work / involvement	
8. Other relevant information	

[illegible]

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)



[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)
DRIVING	N/A	N/A
BASIC AUTO REPAIR		
COOKING		

(Continue on separate sheet if necessary)

SIGNATURE	<i>ggagator</i>	DATE	02/10/2022
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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>MS. HAZEL GRACE TAGANAS</td><td>ATI-RTC 8, VSU BAYBAY</td><td></td></tr><tr><td>ALICIA M. FLORES</td><td>BRGY. GUADALUPE, BAYBAY CITY</td><td>09176341430</td></tr><tr><td>HON. CARLO P. LORETO</td><td>BAYBAY CITY, LEYTE</td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	MS. HAZEL GRACE TAGANAS	ATI-RTC 8, VSU BAYBAY		ALICIA M. FLORES	BRGY. GUADALUPE, BAYBAY CITY	09176341430	HON. CARLO P. LORETO	BAYBAY CITY, LEYTE	
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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.		<div> PHOTO</div> <div><div><div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: UMID</div><div>ID/License/Passport No.: 021-1520-6110-3</div><div>Date/Place of Issuance: Tacloban City</div></div><div><div> Signature (Sign inside the box) 02/10/2022 Date Accomplished</div><div><div></div> Right Thumbmark</div></div></div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														