

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	CASTRO			
FIRST NAME	ANGELICA NICOLE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
3. DATE OF BIRTH (mm/dd/yyyy)	11/20/1999	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:	
4. PLACE OF BIRTH	G.M.A, CAVITE	If holder of dual citizenship, please indicate the details.	Philippines ▼	
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	N/A N/A House/Block/Lot No. Street N/A HILAPNITAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.57 m	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A HILAPNITAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	55 kg		ZIP CODE	
9. BLOOD TYPE	N/A		ZIP CODE	
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	121312783174			
12. PHILHEALTH NO.	13-025573911-6			
13. SSS NO.	N/A	19. TELEPHONE NO.	NONE	
14. TIN NO.	617-318-622-000	20. MOBILE NO.	09552188656	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	angelica.castro@vsu.edu.ph	

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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	NITRO			
FIRST NAME	MANOLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GARCIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CASTRO			
FIRST NAME	ANDRESA			
MIDDLE NAME	FORMENTERA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. SCHOOL NAME		27. DEGREE OF ATTAINMENT		28. HIGHEST LEVEL /		29. SCHOLARSHIP/
-----------------	--	--------------------------	--	---------------------	--	------------------

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	ACADEMIC HONORS RECEIVED
				From	To			
	ELEMENTARY	HILAPNITAN ELEMENTARY SCHOOL	GRADE 1-6	06/01/2011	30/04/2012		2012	FIRST HONORABLE MENTION
	SECONDARY	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL				2018	HIGH SCHOLASTIC AWARD
	VOCATIONAL / TRADE COURSE	N/A						
	COLLEGE	VISAYAS STATE UNIVERSITY	AB - ENGLISH LANGUAGE STUDIES	06/01/2018	15/08/2022		2022	CUM LAUDE
	GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS - LANGUAGE TEACHING	09/12/2022	PRESENT			
(Continue on separate sheet if necessary)								
SIGNATURE				DATE	JANUARY 28, 2023		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	JANUARY 28, 2023	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	------------------	---


[illegible]

(Continue on separate sheet if necessary)


[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)
	COMPUTER LITERATE				SIDLAK PAGLAOM PSYCHOLOGICAL FIRST AID TRAINING
	ABILITY TO WORK INDEPENDENTLY OR AS A TEAM				
	COMMUNICATION SKILLS				
	ORGANIZATIONAL SKILLS				
<i>(Continue on separate sheet if necessary)</i>					
SIGNATURE				DATE	JANUARY 28, 2023
CS FORM 212 (Revised 2017), Page 3 of 4					

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>													
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>													
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>													
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>													
<p>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?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>													
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>													
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>													
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details (country): _____</p>													
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p>													
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>													
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>													
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>													
<p>41. REFERENCES <small>(Person not related by consanguinity or affinity to applicant /appointee)</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ANNIE A. PARMIS</td> <td>VISCA, BAYBAY CITY LEYTE</td> <td>09154384726</td> </tr> <tr> <td>JADE BARACHIEL D. BANTASAN</td> <td>VISCA, BAYBAY CITY LEYTE</td> <td>09617605346</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ANNIE A. PARMIS	VISCA, BAYBAY CITY LEYTE	09154384726	JADE BARACHIEL D. BANTASAN	VISCA, BAYBAY CITY LEYTE	09617605346				<div style="text-align: center;">  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ANGELICA NICOLE CASTRO </div> <p>PHOTO</p> </div>
NAME	ADDRESS	TEL. NO.												
ANNIE A. PARMIS	VISCA, BAYBAY CITY LEYTE	09154384726												
JADE BARACHIEL D. BANTASAN	VISCA, BAYBAY CITY LEYTE	09617605346												
<p>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>														

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID:
ID/License/Passport No.:
Date/Place of Issuance:


Signature (Sign inside the box)
JANUARY 28, 2023
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath