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 cases 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	ALBARICO
FIRST NAME	NINA
NAME EXTENSION (JR., SR)	
MIDDLE NAME	GRANADA

3. DATE OF BIRTH (mm/dd/yyyy)	6/8/1989	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☐ Male ☑ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	n/a / n/a House/Block/Lot No. / Street n/a / Palhi Centro Left Subdivision/Village / Barangay Baybay City / Leyte City/Municipality / Province
7. HEIGHT (m)	1.55	ZIP CODE	6521
8. WEIGHT (kg)	48 Kgs.		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	n/a / n/a House/Block/Lot No. / Street n/a / Palhi Centro Left Subdivision/Village / Barangay Baybay City / Leyte City/Municipality / Province
10. GSIS ID NO.	n/a		
11. PAG-IBIG ID NO.	1210-9524-8645		
12. PHILHEALTH NO.	13-050142113-9	ZIP CODE	6521
13. SSS NO.	06-2876689-4	19. TELEPHONE NO.	na
14. TIN NO.	270-370-082	20. MOBILE NO.	0985-455-7745
15. AGENCY EMPLOYEE NO.	n/a	21. E-MAIL ADDRESS (If any)	nina.albarico@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALBARICO	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FRANZELL	ALBARICO, FRANZNIN ANGELO GRANADA	07/17/20088
NAME EXTENSION (JR., SR)		ALBARICO, FRANCOIS ANTOINE GRANADA	3/16/2011
MIDDLE NAME	JOSOL	ALBARICO, FRANZXIAN ANDREE GRANADA	1/2/2018
OCCUPATION	TRICYCLE DRIVER	ALBARICO, FRANZXIA AUDREE GRANADA	4/21/2019
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	GRANADA (deceased)		
FIRST NAME	NESTOR		
NAME EXTENSION (JR., SR)			
MIDDLE NAME	PONDOLANAN		
25. MOTHER'S MAIDEN NAME	VARRON		
SURNAME	GRANADA		
FIRST NAME	REBECCA		
MIDDLE NAME	TORION	(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PALHI ELEMENTARY SCHOOL	GRADUATED	1996.	2001.		2001	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	GRADUATED	2001.	2005.		2005	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR SCIENCE IN COMMERCE MAJOR IN BANKING AND FINANCE	2006.	2010.		2010	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
				NUMBER	Date of Validity
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0"/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
3/8/2023	PRESENT	DDRC	DEPARTMENT OF BIOTECHNOLOGY	13,274.80	N/A	JOB ORDER	N/A
8/23/2022	3/5/2023	adDRC	INSTITUTE OF HUMAN KINETICS	9,961.20	N/A	JOB ORDER	N/A
1/29/2013	8/22/2022	STOCK CLERK (5 YRS) / MC RECEPTIONIST (4YRS)	DES MARKETING INC. BAYBAY BRANCH	8,125.00	N/A	REGULAR	N/A
.2012.	1/25/2013	INVENTORY CLERK	PRINCE WAREHOUSE CLUB	6,325.00	N/A	CONTRACTUAL	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

(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)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
N/A					
N/A					
N/A					
N/A					
N/A					
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N/A					
N/A					
N/A					
N/A					

(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)
PLAYING VOLLEYBALL		
DRIVING MOTORCYCLE		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☐ NO ☐ YES ☐ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ 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 law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ NO If YES, give details: ☐ YES ☐ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☐ 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?	☐ YES ☐ NO If YES, please specify: ☐ YES ☐ NO If YES, please specify ID No: ☐ YES ☐ NO If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. CHARIS B. LIMBO - RIVERA	VSU, BAYBAY CITY, LEYTE	1046
DR. AVELINA OCLINARIA	R MAGSAYSAY AVE. BAYBAY, LEYTE	1037
MIRRIAM M. DELA TORRE	HIPUSNGO, BAYBAY CITY, LEYTE	1080

NINA C. ALBARICO

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.

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

Signature (Sign inside the box)

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