

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	HUSSIN		
FIRST NAME	WILSON		NAME EXTENSION (JR., SR)
MIDDLE NAME	TINDOY		
3. DATE OF BIRTH (mm/dd/yyyy)	05/17/85	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	JOLO, SULU		
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 ZIP CODE	N.A N.A House/Block/Lot No. Street PUROK NANGKA STO. NIÑO Subdivision/Village Barangay MACROHON SOUTHERN LEYTE City/Municipality Province 6601
7. HEIGHT (m)	1.68	18. PERMANENT ADDRESS ZIP CODE	N.A N.A House/Block/Lot No. Street PUROK NANGKA STO. NIÑO Subdivision/Village Barangay MACROHON SOUTHERN LEYTE City/Municipality Province 6601
8. WEIGHT (kg)	60		
9. BLOOD TYPE	B+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-050078795-4		
13. SSS NO.	06-2674572-3	19. TELEPHONE NO.	N.A
14. TIN NO.	409-225-128	20. MOBILE NO.	09357781405
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	wil.hussin@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DACARA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
	FIRST NAME	EDEN MAE NAME EXTENSION (JR., SR)			GATALEYA BELLA D. HUSSIN
	MIDDLE NAME	QUILATON			DEMI BELLE D. HUSSIN
OCCUPATION	CASHIER				
EMPLOYER/BUSINESS NAME	LIVING HOPE HOSPITAL				
BUSINESS ADDRESS	ISAGANI, MAASIN CITY, SOUTHERN LEYTE				
TELEPHONE NO.	053-570-9880				
24. FATHER'S SURNAME	HUSSIN				
	FIRST NAME	JIM NAME EXTENSION (JR., SR)			
	MIDDLE NAME	PUTAL			
25. MOTHER'S MAIDEN NAME					
	SURNAME	TINDOY			
	FIRST NAME	TERESITA			
	MIDDLE NAME	TOMON	(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	ICHON ELEMENTARY SCHOOL	GRADE 6	1992	1998	PRIMARY EDUCATION	1998	N/A
SECONDARY	ICHON NATIONAL HIGH SCHOOL	FOURTH YEAR	1998	2002	HIGH SCHOOL	2002	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	THE COLLEGE OF MAASIN	ASSOCIATE IN COMPUTER TECHNOLOGY	2003	2006	COLLEGE GRADUATE	2006	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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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		
	AHAG WATERWORKS AND SANITATION ASSOCIATION	01/07/19	01/07/21		PRESIDENT/VOLUNTARY

(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			
	CERTIFICATE OF COMPLETION IN COMPTIA A+ 1000 - PART 1 AND PART 2	04/18/21	04/24/21	20.0	Technical	ALISON
	CERTIFICATE OF PARTICIPATION ON BARANGAY MANAGEMENT INFORMATION SYSTEM (BMIS)	02/13/17	02/15/17	24.0	Technical	MUNICIPAL GOVERNMENT OF MACROHON & VSU-BIDANI
	CERTIFICATE OF PARTICIPATION ON AUDIT & INVENTORY TRAINING CYCLE 2 & 3	02/02/17	02/04/17	24.0	Technical	KALAHI-CIDSS NCDDP
	CERTIFICATE OF ATTENDANCE (BDRRMC DISASTER RESPONSE AND PREPAREDNESS TRAINING)	07/28/15	07/29/15	16.0	Technical	MUNICIPAL GOVERNMENT OF MACROHON & PROVINCIAL GOVERNMENT OF SO. LEYTE
	CERTIFICATE OF PARTICIPATION (UPDATES ON PROCUREMENT REFORM ACT (RA 9184) AND ITS REVISED IRR FOR BARANGAY)	06/15/15	06/17/15	24.0	Technical	REGION EIGHT ASSOCIATION OF LOCAL BUDGET OFFICERS (REALBO)
	CERTICATE OF COMPLETION IN ADOBE PHOTOSHOP	05/09/15	05/09/15	4.0	Technical	ALISON
	CERTIFICATE OF PARTICIPATION (SEMINAR-WORKSHOP ON BUDGET OPERATIONS MANUAL FOR BARANGAYS)	05/05/14	05/07/14	24.0	Technical	REGION EIGHT ASSOCIATION OF LOCAL BUDGET OFFICERS (REALBO)
	CERTIFICATE OF TRAINING (COMPUTER HARDWARE SERVICING NC II)	06/15/09	10/29/09	392.0	Technical	SAINT JOSEPH COLLEGE

(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)
	KNOWLEDGEABLE IN MICROSOFT OFFICE		CERTIFICATE OF RECOGNITION IN SERVICE RENDERED AS BRGY. KAGAWAD		
	GRAPHIC DESIGN				
	KNOWS HOW TO REPAIR COMPUTER				
	WILLINGNESS TO LEARN				
	FLEXIBILITY				
	DETERMINATION & PERSISTENCE				

(Continue on separate sheet if necessary)

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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)?

☐ YES

☒ NO

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details:

☐ 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.
ALBERT J. MAÑA	MAASIN CITY HALL	0906-924-0631
GENIS S. MURALLOS EdD, CESO V	DIVISION OF SOUTHERN LEYTE	0917-878-1281
NORBERTO E. MILLA, JR., Ph.D	VISAYAS STATE UNIVERSITY	0947-394-1899

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.

PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVER'S LICENSE

ID/License/Passport No.: H05-17-001424

Date/Place of Issuance: 09/22/2017/MAASIN CITY

Signature (Sign inside the box)

09/17/2021

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

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