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 u separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID N (Do not fill up. For CSC use only)									
I. PERSONAL INFORMATION									
2. SURNAME SANICO									
FIRST NAME	CHRISTIAN JAY					NAME EXTENSION (JR., SR)			
MIDDLE NAME	ALDAVA								
3. DATE OF BIRTH (mm/dd/yyyy)	05/10/2000	05/10/2000 16. CITIZENSHIP							
4. PLACE OF BIRTH	ORMOC, CITY	If holder of dual citizens	ship,			Pls. indicate co	untry:		
5. SEX	MALE	please indicate the deta	ails.						
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	House	o/Plack/Lat	FATIMA HIGHWAY k/Lot No. Street			·Υ	
		House/Block/Lot No. Subdivision/Village				POBLACION DEL SUR Barangay			
7. HEIGHT (m)	5'6	5'6 VI			VILLABA			LEYTE	
8. WEIGHT (kg)	85 kls	ZIP CODE	City	<u>//Municipali</u>	Municipality Province 6537				
9. BLOOD TYPE	0+	O+ 18. PERMANENT ADDRESS		/DI 1/1/1				ACIO STREET	
10. GSIS ID NO.	N/A				POBLAC			Street CION DEL SUR	
11. PAG-IBIG ID NO.	N/A			VILLABA			Barangay LEYTE		
12. PHILHEALTH NO.	13-251038526	ZIP CODE	City	/Municipal	ity	Province 6537			
13. SSS NO.	06-4299455-8	19. TELEPHONE NO.		N/A					
14. TIN NO.				3572/09658445964					
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any)			christianjaysanico1210@gmail.com					
II. FAMILY BACKGROUND	NA	21. E-MAIL ADDITEOS (II ally)		CIIIIS	lianjaysan	ico1210@giila	ii.com		
22. SPOUSE'S SURNAME				of CHILDREN (Write full name and list				FBIRTH	
FIRST NAME	N/A NAME EXTENSION (JR., SR)		all)		N/A		(mm/de	d/yyyy) /A	
MIDDLE NAME	N/A			N/A			N/A		
OCCUPATION	N/A				N/A		N/	/A	
EMPLOYER/BUSINESS NAME	N/A			N/A			N/A		
BUSINESS ADDRESS	N/A				N/A		N/	/A	
TELEPHONE NO.	N/A	N/A			N/A			N/A	
24. ATHER'S SURNAME	SANICO			N/A			N/A		
FIRST NAME	ELEAZAR NAME EXTENSION (JR., SR)			N/A			N/A		
MIDDLE NAME	SINGSON				N/A			N/A	
25. MOTHER'S MAIDEN NAME				N/A			N/A		
SURNAME	ALDAVA			N/A			N/A		
FIRST NAME	LOURDES			N/A			N/A		
MIDDLE NAME	RAMIREZ	RAMIREZ (I			(Continue on separate sheet if necessary)				
III. EDUCATIONAL BACKGROUND				•				1 001101 4	
26. LEVEL	NAME OF SCHOOL BASIC EDUCATION/D (Write in full)		PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADU ATED	SCHOLA RSHIP/ ACADEMI C		
ELEMENTARY	DOANE CHRISTIAN SCHOOL	PRIMARY EDUCATION	ON	2006	2011	GRADUATED	2011	N/A	
SECONDARY	HOLY CHILD HIGH SCHOOL	SECONDARY EDUCATION		2012	2015	GRADUATED	2015	N/A	
VOCATIONAL / TRADE COURSE	HOLY CHILD HIGH SCHOOL	INFORMATION AND COMMUNICATION TECHNOLOGY		2016	2018	GRADUATED	2018	N/A	
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY		2019	2022	GRADUATED	2022	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
	(Continue on separ	ate sheet if necessary)				1			
SIGNATURE				DA	ATE	JUI	NE 18, 2024		

IV. CIVIL SERVICE	ELIGIBILITY										
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/			RATING	RATING DATE OF EXAMINATION / DIAGE.		N AGE OF EVANINATION (CONFEDNENT			LICENSE (if applicable)		
CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERME		VI	NUMBER	Date of Validity			
	DRIVER'S LICENSE		87.00%	6/27/2022	LTO PALOMI	PON, LEYTE		H10-22-300322	05/10/2027		
V. WORK EXPERIE	ENCE		(Co	ntinue on separate sheet if n	ecessary)						
		r recent work) Descripti	ion of duties should	be indicated in the attac	ched Work Experience sheet.	_					
28. INCLUSIVE	DATES (mm/dd/yyyy)	POSITION			ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE (Y/ N)		
From	То	(Write in full/Do r			II/Do not abbreviate)		(Format "00-0")/ INCREMENT	APPOINTMENT			
05/08/2024	05/09/2024	TECHNICAL SU	PPORT STAFF	C	OMELEC	N/A	8,000	JOB ORDER	Υ		
08/08/2022	06/10/2023	TECHNICAL SUI	PPORT STAFF	PALOMPON INST	ITUTE OF TECHNOLOGY	8000.00	N/A	CONTRACT OF SERVICE	Υ		
09/16/2023	01/08/2024	TECHNICAL CO	ONSULTANT	AZPIRED	INCORPORATED	15000.00	N/A	PROBITIONARY	N		
						-					
			(Co	ntinue on separate sheet if n	ecessary)						
SIGN	ATURE		,		JUNE 18, 2024						
		•						CS FORM 212 (F	Revised 2017). Page 2 of		

VI. VOLUNTARY WORK OR INVOLVEME	ENT IN CIVIC / NON-GOVERNMEN	T / PEOPLE / VOLUNTA	RY ORGANIZATION/S	5				
29. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES (mm/dd/yyyy)						
(Write in	ı full)	From	уууу) То	NUMBER OF HOURS	POSITION	/ NATURE OF WORK		
N/A		N/A	N/A	N/A	N/A			
		(Continue on separate sh						
VII. LEARNING AND DEVELOPMENT (L	.&D) INTERVENTIONS/TRAINING	PROGRAMS ATTENDE)					
30. TITLE OF LEARNING AND DEVELOPMENT I (Write in		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
		From	То		,			
DESO COMELEC TECHNICAL SU	PPORT STAFF TRAINING	2/25/2022	2/27/2022	32	TECHNICAL	COMELEC		
		(Continue on separate sh	eet if necessary)					
VIII. OTHER INFORMATION						MEMBERSHIP IN		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	ECOGNITION			(Write in full)	33. ASSOCIATION/ORGANIZATION (Write in full)		
		(Cantilation)						
SIGNATURE		(Continue on separate sh	eet II necessary)		DATE	JUNE 18, 2024		

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediately bureau or Department where you will be apppointed, a. within the third degree?	□ VEC	√ NO					
	b. within the fourth degree (for Local Government Unit - C	YES YES If YES, give detail	✓ NO					
35.	a. Have you ever been found guilty of any administrative of	YES If YES, give detail	✓ NO ils:					
	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 If YES, give detail	✓ NO ils:				
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?		If YES, give detail	ive details:				
38.	A. Have you ever been a candidate in a national or local e Barangay election)?	election held within the last year (except	☐ YES ☑ NO If YES, give details:					
	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:				
39.	39. Have you acquired the status of an immigrant or permanent resident of another country?			☐ YES ☑ NO If YES, give details (country):				
40. a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897). Are you a member of any indigenous group?	YES	. V NO					
b.	b. Are you a person with disability?			If YES, please specify: YES NO If YES, please specify ID No:				
C.	Are you a solo parent?	YES If YES, please speci						
41.	REFERENCES (Person not related by consanguinity or affinity to applied	cant /appointee)						
	NAME	ADDRESS	TEL. NO.					
	DESIREE MAE S. ESMAS	VILLABA, LEYTE	9454331184					
	LUIGE D. SURALTA	PALOMPON, LEYTE	9066873946					
	ABEGAIL D. SURALTA	PALOMPON, LEYTE	9156069412					
42.	I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per							
	Philippines. I authorize the agency head/authorized repre							
	agree that any misrepresentation made in this do			РНОТО				
	administrative/criminal case/s against me.							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)]				
	ILEASE INDICATE ID Number and Date of Issuance							
l ŀ								
ID/License/Passport No.: H10-22-300322 Signature (Sign inside the b			ox)					
Date/Place of Issuance: PALOMPON, LEYTE Date Accomplished				Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issue	ed government ID as indicated above.				
	Γ							
	l.	Person Administering Oat	ماد					
		H						