

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 (☐ 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	AREVALO		
FIRST NAME	RUBY ANA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BUATAG		
3. DATE OF BIRTH (mm/dd/yyyy)	09/14/1994	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	BACOLOD CITY	If holder of dual citizenship, please indicate the details.	
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	<div>House/Block/Lot No. Street</div> <div>PANGASUGAN</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY CITY LEYTE</div> <div>City/Municipality Province</div> <div>6521</div>
7. HEIGHT (m)	1.48	18. PERMANENT ADDRESS	<div>House/Block/Lot No. Street</div> <div>ZONE-16</div> <div>Subdivision/Village Barangay</div> <div>TALISAY CITY NEGROS OCCIDENTAL</div> <div>City/Municipality Province</div> <div>6115</div>
8. WEIGHT (kg)	43		ZIP CODE
9. BLOOD TYPE			
10. GSIS ID NO.	2004791166		
11. PAG-IBIG ID NO.	121162955667		
12. PHILHEALTH NO.	11-0001427778-4	ZIP CODE	
13. SSS NO.	07-3644792-4	19. TELEPHONE NO.	
14. TIN NO.	476-286-824	20. MOBILE NO.	09508291842
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	rubyrubyana1994@gmail.com


II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	NA	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	AREVALO			
FIRST NAME	ROBERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DE BARBA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BUATAG			
FIRST NAME	FLORDELIZA			
MIDDLE NAME	LOBATON		(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	TALISAY ELEMENTARY SCHOOL		06/01/2001	04/01/2007		2007	
SECONDARY	RAFAEL B. LACSON MEMORIAL HIGH SCHOOL		06/01/2007	04/01/2011		2011	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	06/01/2011	04/22/2015		2015	NOSP/MAGNA CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN ANIMAL SCIENCE	08/01/2019	09/10/2021		2021	DOST

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 4, 2021
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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		
	HONOR GRADUATE ELIGIBILITY - PD 907		04/01/2015	VSU, BAYBAY CITY, LEYTE	100108150337			
	PROFESSIONAL LEVEL ELIGIBILITY		04/16/2016	ILOILO CITY	Not yet released			
	LICENSED AGRICULTURIST, RA 1080		10/19-21/2016	CEBU CITY	0024620	9/14/2019		
(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	JOB/PAY GRADE (if applicable) & STEP (Format: xxx.gxx)	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	04/01/2017	11/01/2018	CULTIVATION AGRICULTURE TECHNICAL INTERN	YOSHIOKA KOKKOEN, Ltd., JAPAN	100000.00		CONTRACTUAL	Y
	09/01/2015	04/01/2017	LIVESTOCK INSPECTOR I	DEPARTMENT OF AGRICULTURE, TALISAY CITY, NEGROS OCCIDENTAL	14000.00	6	PERMANENT	Y
(Continue on separate sheet if necessary)								
SIGNATURE					DATE		AUGUST 4, 2021	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]




(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)
CLEANING	MOST OUTSTANDING NOSP SCHOLAR OF THE YEAR (2015)	PagKAON Inc.
COOKING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 4, 2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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)?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
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?	<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: Resignation</div></div>												
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?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>JUCELIA D. SEVILLA</td><td>TALISAY CITY, NEGROS OCCIDENTAL</td><td>9201364151</td></tr><tr><td>DINAH M. ESPINA, PHd.</td><td>VSU, BAYBAY CITY, LEYTE</td><td>dinah_espina@yahoo.com</td></tr><tr><td>JEROME O. ARRIBADO, MSc.</td><td>VSU, BAYBAY CITY, LEYTE</td><td>9306768674</td></tr></table>		NAME	ADDRESS	TEL. NO.	JUCELIA D. SEVILLA	TALISAY CITY, NEGROS OCCIDENTAL	9201364151	DINAH M. ESPINA, PHd.	VSU, BAYBAY CITY, LEYTE	dinah_espina@yahoo.com	JEROME O. ARRIBADO, MSc.	VSU, BAYBAY CITY, LEYTE	9306768674
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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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td></tr><tr><td>ID/License/Passport No.: H12-20-002195</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY, LEYTE</td></tr></table>	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.: H12-20-002195	Date/Place of Issuance: BAYBAY CITY, LEYTE	<table><tr><td><div><div></div><div>Signature (Sign inside the box)</div><div>AUGUST 4, 2021</div><div>Date Accomplished</div></div></td><td><div><div></div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></td></tr></table>	<div><div></div><div>Signature (Sign inside the box)</div><div>AUGUST 4, 2021</div><div>Date Accomplished</div></div>	<div><div></div><div>PHOTO</div></div> <div><div></div><div>Right Thumbmark</div></div>						
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div><div></div><div>Person Administering Oath</div></div>													