

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	GUIRINDOLA						
FIRST NAME	REYNO VICENTE					NAME EXTENSION (JR., SR)	
MIDDLE NAME	SEVILLENA						
3. DATE OF BIRTH (mm/dd/yyyy)	06/14/2002		16. CITIZENSHIP If holder of dual citizenship, please indicate the details.		<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	Brgy. Capiñahan, San Isidro, Leyte						
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female						
6 CIVIL STATUS e	<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 ZIP CODE		N/A N/A House/Block/Lot No. Street		
7. HEIGHT (m)	1.73				N/A GUADALUPE Subdivision/Village Barangay		
8. WEIGHT (kg)	80				BAYBAY LEYTE City/Municipality Province		
9. BLOOD TYPE	O				6535		
10. GSIS ID NO.	N/A						
11. PAG-IBIG ID NO.	N/A		18. PERMANENT ADDRESS ZIP CODE		N/A N/A House/Block/Lot No. Street		
12. PHILHEALTH NO.	NA				N/A CAPIÑAHAN Subdivision/Village Barangay		
13. SSS NO.	N/A				SAN ISIDRO LEYTE City/Municipality Province		
14. TIN NO.	652-635-946-00000		19. TELEPHONE NO.		N/A		
15. AGENCY EMPLOYEE NO.	N/A		20. MOBILE NO.		09281833160		
			21. E-MAIL ADDRESS (if any)		rvicenteguirindola@gmail.com		

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	GUIRINDOLA			
FIRST NAME	REYNO			
MIDDLE NAME	BADIONGAN			
25. MOTHER'S MAIDEN NAME	SEVILLENA			
SURNAME	GUIRINDOLA			
FIRST NAME	ELENITA			
MIDDLE NAME	MIRABLE		(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	SAN ISIDRO CENTRAL SCHOOL	PRIMARY EDUCATION	2009	2015	NA	2015	
SECONDARY	SAN ISIDRO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2015	2019	NA	2019	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE	2021	2025	NA	2025	CUM LAUDE
GRADUATE STUDIES	N/A						
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		September 4, 2025		

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		
	PD 907			Visayas State University				
(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	GOV'T SERVICE (Y/ N)
	From	To						
	06/03/2025	08/08/2025	PLANT TISSUE CULTURE LAB ASSISSTANT	DEPARTMENT OF HORTICULTURE	8,000		CFWP	YES
(Continue on separate sheet if necessary)								
SIGNATURE				DATE	September 4, 2025			

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.
FILMA C. CALALO	CAFS, UP	6349-5363-535
RODEN D. TROYO	DOH, VSU	563-7739
CATHERINE C. ARRADAZA	DOH, VSU	563-7739

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: Passport

ID/License/Passport No.: P7293235C

Date/Place of Issuance: June 11, 2024/ Dumaguete City

Signature (Sign inside the box)

September 4, 2025

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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