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	GONZALES		
FIRST NAME	RICHIE MARK	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PATOLILIC		
3. DATE OF BIRTH (mm/dd/yyyy)	12/9/1997	10. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization
4. PLACE OF BIRTH	BAYBAY, 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 (House Block/Lot No.) N/A (Street) N/A (Subdivision/Village) HIGULOAN (Barangay) BAYBAY (City/Municipality) LEYTE (Province) ZIP CODE 6521
7. HEIGHT (m)	1.62		
8. WEIGHT (kg)	52		
9. BLOOD TYPE	O	16. PERMANENT ADDRESS	N/A (House Block/Lot No.) N/A (Street) N/A (Subdivision/Village) HIGULOAN (Barangay) BAYBAY (City/Municipality) LEYTE (Province) ZIP CODE 6521
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-250361207-4		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	619-615-927-0000	20. MOBILE NO.	09993502216
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	gonzalesr1s233@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	N/A	NAME EXTENSION (JR., SR)	FAYOLA MYRRH ORAÑO GONZALES	11/29/2023
MIDDLE NAME	N/A			
OCCUPATION	LABORATORY AIDE			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	PANGASUGAN, BAYBAY CITY, LEYTE			
TELEPHONE NO.	(053) 565 0600			
24. FATHER'S SURNAME	GONZALES			
FIRST NAME	FLORENCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PEÑA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PATOLILIC			
FIRST NAME	MARIA MYRNA			
MIDDLE NAME	TOREJANO		(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	To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	HIGULOAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/4/2004	4/5/2010	N/A	2010	VALEDICTORIAN
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	6/12/2010	4/14/2014	N/A	2014	WITH HONORS
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOTECHNOLOGY	6/6/2014	6/12/2022	N/A	2022	NA
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/30/2024

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
CSE PROFESSIONAL PASSER	85.6	3/26/2023	TACLOBAN CITY		

(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
From	To						
11/21/2022	PRESENT	LABORATORY AIDE	VISAYAS STATE UNIVERSITY	11000.00		JOB ORDER	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/30/2024

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		
SANGGUNIANG KABATAAN	10/25/2018	11/30/2023		SK TREASURER

(Continue on separate sheet if necessary)

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

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			
THE FREELANCERS SUMMIT	10/06/2022	10/10/2022	15.0		MAJ CUSTODIO
MARKETING ME LIVE	4/28/2022	4/28/2022	4.0		VSU - OFFICE OF THE DEAN OF STUDENTS

(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)
ENCODING	N/A	N/A
RESEARCH		
LABORATORY		
WRITTEN COMMUNICATION		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/30/2024

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? ☐ YES ☑ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ 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)? ☐ 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. 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? ☐ YES ☑ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☑ NO

If YES, please specify ID No: _____

c. Are you a solo parent? ☐ YES ☑ NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
LOURD FRANZ GABUNADA	BAYBAY CITY, LEYTE	
DONNA CHRISTENE RAMOS	BAYBAY CITY, LEYTE	
MARCIANA GALAMBAO	BAYBAY CITY, LEYTE	

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.

PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: PHILHEALTH
ID/License/Passport No.: 13-250361207-4
Date/Place of Issuance: BAYBAY CITY, LEYTE, 12/2022

Signature (Sign inside the box)

01/30/2024

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 31 JAN 2024, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath