

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)

PERSONAL INFORMATION

2. SURNAME	BOLASTIG.		
FIRST NAME	FLORENTINO		NAME EXTENSION (JR., SR.)
MIDDLE NAME	DUPAN		
3. DATE OF BIRTH (mm/dd/yyyy)	04-01-1974	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	PAIBAI CITY, LETE	If holder of dual citizenship, please indicate the details	
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"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.60	ZIP CODE	6521
8. WEIGHT (kg)	55		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0919-7959	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	23-000050771-6	20. MOBILE NO.	09068262088
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	N/A
14. TIN NO.	326-722-940		
15. AGENCY EMPLOYEE NO.			

FAMILY BACKGROUND


22. SPOUSE'S SURNAME	BOLASTIG		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	BERUNA	NAME EXTENSION (JR., SR.)	JONATHAN R. BOLASTIG	08/13/1998
MIDDLE NAME	BERAMPAGOS	N/A	JOUE ANN R. BOLASTIG	08/17/1996
OCCUPATION	HOUSEWIFE		JONALIE R. BOLASTIG	11/07/1997
EMPLOYER/BUSINESS NAME	N/A		JAYVEE R. BOLASTIG	12/07/2006
BUSINESS ADDRESS				
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BOLASTIG			
FIRST NAME	FLORENTINO	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	ILHIG			
25. MOTHER'S MAIDEN NAME				
SURNAME	JULAN			
FIRST NAME	BEDIANA			
MIDDLE NAME	BERA CALZADA			

(Continue on separate sheet if necessary)

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	ALS PAIBAI CITY	ELEMENTARY	06/07/03	04/24/06	6 UNITS	2001	
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							


(Continue on separate sheet if necessary)

SIGNATURE		DATE	16/11/2021
-----------	---	------	------------

[illegible]

V WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	6/21/2021
-----------	---	------	-----------

CS FORM 212 (Revised 2017), Page 2 of 4


[illegible]

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

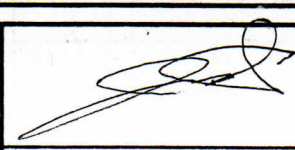
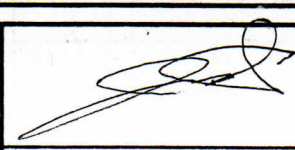
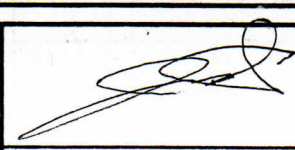






[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
HAND TRACTOR DRIVING	N/A	N/A
ANIMAL RESTRAINING		
PICTURE DEVELOPMENT & MAINTENANCE		
CARPENTRY / NAILON		
WELDING		

SIGNATURE		DATE	06 / 07 / 2017
------------------	---	-------------	----------------

CS FORM 212 (Revised 2017), Page 3 of 4

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">CONTACT NO.</th> </tr> </thead> <tbody> <tr> <td>WARREN D. COME</td> <td>PAK - CAPS, VNU</td> <td></td> </tr> <tr> <td>MANUEL D. GACUTAN, JR.</td> <td>DAS - OPS, VNU</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	CONTACT NO.	WARREN D. COME	PAK - CAPS, VNU		MANUEL D. GACUTAN, JR.	DAS - OPS, VNU				
NAME	ADDRESS	CONTACT NO.											
WARREN D. COME	PAK - CAPS, VNU												
MANUEL D. GACUTAN, JR.	DAS - OPS, VNU												
<p>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.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>PHILHEALTH</u></p> <p>ID/License/Passport No.: <u>23-0025071-6</u></p> <p>Date/Place of Issuance: <u>WAS</u> <u>PM/DAI</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 50px; text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td style="text-align: center;"> <p>Signature (Sign inside the box)</p> <p><u>BU/21/2021</u></p> <p>Date Accomplished</p> </td> </tr> </table>		<p>Signature (Sign inside the box)</p> <p><u>BU/21/2021</u></p> <p>Date Accomplished</p>										
													
<p>Signature (Sign inside the box)</p> <p><u>BU/21/2021</u></p> <p>Date Accomplished</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">  <p>PHOTO</p> </td> <td style="width: 40%; text-align: center;">  <p>Right Thumbmark</p> </td> </tr> </table>		 <p>PHOTO</p>	 <p>Right Thumbmark</p>										
 <p>PHOTO</p>	 <p>Right Thumbmark</p>												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													