CS Form No. 212								
PERSONAL DATA SHEET								
VARNING: Any misrepresentati concerned.	on made in the Personal Data Sheet and the V	Nork Experience Sheet shall	cause the fili	ng of admin	istrative/cri	minal case/s aga	inst the perso	on
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.								
rint legibly. Tick appropriate boxes in PERSONAL INFORMATION	() and use separate sheet if necessary. Indicate N	V/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only)
2. SURNAME	RETUYA							
Z. SURNAINE	RETUTA					NAME EXTENSION (JR	SR) N	/A
FIRST NAME	IAN REV					TWINE EXTENSION (OIL	, 9.7	
MIDDLE NAME	ANTIGUA	55						
DATE OF BIRTH (mm/dd/yyyy)	3/2/2000	16. CITIZENSHIP		☐ Filipin	o 🗆	Dual Citizenship		
(IIIII GGI JJJ JJ				The second second is the			by naturaliza	ition
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship,		Pls. indicate country:				
5. SEX	☑ Male ☐ Female	please indicate the de	tails.	Philippines				_
	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		325	9		N/A	1.5
6 CIVIL STATUS	☐ Widowed ☐ Separated	17. REGIDENTIAL ADDRESS	Hou	se/Block/Lot No).		Street	
	□ Other/s:		Suh	N/A odivision/Village		S	AN PEDRO Barangay	
7. HEIGHT (m)	1.58		,	ALBUERA			LEYTE	
	80	710 0005	Ci	ty/Municipality		CEAO	Province	-
8. WEIGHT (kg)	80	ZIP CODE		325		6542	AI/A	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	323 se/Block/Lot No) .		N/A Street	-
I O. GSIS ID NO.	N/A			N/A		S	AN PEDRO	
11. PAG-IBIG ID NO.	N/A			division/Village	9		Barangay LEYTE	
	V-SANOUNDS)		Ci	ity/Municipality Province				
12. PHILHEALTH NO. 13. SSS NO.	1325-0284-3943 06-4182898-4	ZIP CODE 19. TELEPHONE NO.		6542 (053) 557 0521				
4. TIN NO.	614-780-288	20. MOBILE NO.	09551827822					
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		<u>r</u>	etuyaianı	ev@gmail.co	<u>om</u>	
I. FAMILY BACKGROUND								
2. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	full name and I	ist all)	DATE OF BIR	ΓΗ (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		1	N/A			
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME							6	
BUSINESS ADDRESS							8	
TELEPHONE NO. 24. FATHER'S SURNAME	RETUYA							
	Transmission of the control of the c	NAME EXTENSION (JR., SR)						
FIRST NAME	VICTOR ROSALIO	JR					0	
MIDDLE NAME	CAORTE							
5. MOTHER'S MAIDEN NAME	MENERVA GAID ANTIGUA RETUYA							
SURNAME							8	
FIRST NAME	MENERVA							
MIDDLE NAME	ANTIGUA			(Continue on separate sheet if necessary)				
II. EDUCATIONAL BACKGF	ROUND	To						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
ELEMENTARY	SAN PEDRO ELEMENTARY SCHOOL	PRIMARY EDUCA	TION	From 2006	To 2012	N/A	2010	STH HONOR
SECONDARY	DR. GERONIMO B. ZALDIVAR MEMORIAL SCHOOL OF FISHERIES			2012	2016	N/A	2014	N/A
SENIOR HIGH SCHOOL	VISAYAS STATE UNIVERSITY	HUMSS		2016	2018	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF CULTURE AND A EDUCATION		2018	2022	N/A	2018	CUMLAUDE
GRADUATE STUDIES	N/A							
	(0	Continue on separate sheet if nece	ssary)					
SIGNATURE	Que-			DA	TF	Jan	uary 08, 202	4

IV. CIVIL SERVICE ELIGIBILITY 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF LICENSE (if applicable)									
27. CARE				DATE OF EXAMINATION /	TION / CONFER	PMENT	LICENSE (if ap		
BA	RANGAY ELIGIBIL	.ITY / DRIVER'S LICENSE	RIVER'S LICENSE (If Applicable) CONFERMENT PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity		
HONOR (RADUATE P.I ELIGII	D. 107 (CIVIL SERVICE							
l	LLION	JLL,							
d-11									
			(Co	ntinue on separate sheet	if necessary)				
V. WORK E	XPERIENCE	nt. Start from your recent							
(Include priv	ate employme JSIVE DATES	nt. Start from your recen	t work) Description	of duties should be	indicated in the attached	d Work Expe	salary/JOB/PAY		
	m/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (if	STATUS OF APPOINTMENT	GOV'T SERVICE
From			(Vincential				(Format "00-0")/ INCREMENT	ALL SHY IN ENT	(Y/ N)
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
			\$					e	
									2

							ic .		
									,
									,
			,					, ,	
			(Co.	ntinue on separate sheet	if necessary)		L		
SIGNA TURE			85	DATE					

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	DLUNTARY O	RGANIZATION	I/S		
29. NAME & ADDRESS OF (Write in fu			VE DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
ST. JAMES THE APOSTLE PARISH YOUT	H MINISTRY, ALBUERA, LEYTE	05/27/2015	PRESENT	N/A		MEMBER	
SEMPER IUVENES CHORALE, ALBUERA, LEYTE			PRESENT	N/A		MEMBER	
				*			
				8			
VII. LEARNING AND DEVELOPMENT (L&D		itinue on separate :					
(Start from the most recent L&D/training program and inclu		he last five (5) years	s for Division Chie	//Executive/Manage	rial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(mine iii n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	From	To		Technical/etc)	(Wine in tall)	
				, , , , , , , , , , , , , , , , , , ,			
				\$ 3			
					7		
				7.			
	(Con	tinue on separate	sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)						
Singing	ALBUERA IDOL 2ND PLACE 2014					SANGGUNIANG KABATAAN COUNCILO	
Dancing	THE VOICE KIDS 3RD PLACE 2014 LITERARY MUSICAL CONTEST (PROVINCIAL LEVEL) FINALIST 2012 ALBUERA DANCE SPORTS COMPETITION (GRAND CHAMPION)						
	(Con	itinue on separate :	sheet if necessary)				
SIGNATURE	8			DA	ATE	January 08, 2024	
	19002					CS FORM 212 (Revised 2017), Page 3 of	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate						
	Bureau or Department where you will be apppointed,						
	a. within the third degree?		☐ YES ☐	2 NO			
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?		☑ NO			
		If YES, give details:					
<u> </u>		9 -					
35.	a. Have you ever been found guilty of any administrative offe	nse?	ACID SIMPLANA SA	☑ NO			
			If YES, give details:				
			22	£			
	b. Have you been criminally charged before any court?		☐ YES	☑ NO			
			If YES, give details:				
			Date Filed:	W			
L			Status of Case/s:	9			
36.	Have you ever been convicted of any crime or violation of an	y law, decree, ordinance or regulation by	☐ YES	☑ NO			
	any court or tribunal?		If YES, give details:				
			99 				
37.	Have you ever been separated from the service in any of the		☐ YES	☑ NO			
	dropped from the rolls, dismissal, termination, end of term, fir	nished contract or phased out (abolition)	If YES, give details:				
_	in the public or private sector?		8	-0			
38.	 a. Have you ever been a candidate in a national or local election Barangay election 	tion held within the last year (except	☐ YES	☑ NO			
	burungay oldotony:		If YES, give details:				
	b. Have you resigned from the government service during the		☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES	☑ NO				
		If YES, give details (country):					
			82 -				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag						
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items.	□ VEC				
u.	Are you a member of any magenous group?		☐ YES If YES, please specify:	☑ NO			
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.				
Г	MA. ELENA GUY-AB	ORMOC CITY					
	MR. JOEL E. CONDE	ALBUERA, LEYTE	9168570710	-			
- 10	SHEENA EUNICE TABUDLONG	BAYBAY CITY, LEYTE					
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine						
	Philippines. I authorize the agency head/authorized represe						
	agree that any misrepresentation made in this document	ment and its attachments shall caus	e the filing of				
	administrative/criminal case/s against me.						
0	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	LEASE INDICATE ID Number and Date of Issuance	(Astronomy		1			
G	overnment Issued ID: NATIONAL ID		1				
	//License/Passport No.: 4721-4386-1960-9157		1				
l	7. 100 100 100 100 100 100 100 100 100 10	ox) 1	1				
Da	ate/Place of Issuance: 07/17/2021 ALBUERA, LEYTE		Right Thumbmark				
QUIDOODIDED AND QUIODIVAL (
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
			- 1				
	_	h					
	_	Person Administering Oat					