

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

RICARTE

FIRST NAME

ROLAN

MIDDLE NAME

CELESTE

3. DATE OF BIRTH  
(mm/dd/yyyy)

03/05/1993

4. PLACE OF BIRTH

BAYBAY, LEYTE

5. SEX

☒ Male ☐ Female

6 CIVIL STATUS

☒ Single ☐ Married ☐ Widowed ☐ Other/s:

7. HEIGHT (m)

1.64

8. WEIGHT (kg)

77

9. BLOOD TYPE

O

10. GSIS ID NO.

N/A

11. PAG-IBIG ID NO.

121277230502

12. PHILHEALTH NO.

13-050172312-7

13. SSS NO.

06-3697722-2

14. TIN NO.

607-326-351-00000

15. AGENCY EMPLOYEE NO.

N/A

16. CITIZENSHIP

☒ Filipino ☐ Dual Citizenship  
☐ by birth ☐ by naturalization  
Pls. indicate country:

If holder of dual citizenship,  
please indicate the details.

17. RESIDENTIAL ADDRESS

N/A

House/Block/Lot No.

N/A

Subdivision/Village

BAYBAY

City/Municipality

6521

N/A

Street

SAN AGUSTIN

Barangay

LEYTE

Province

18. PERMANENT ADDRESS

N/A

House/Block/Lot No.

N/A

Subdivision/Village

BAYBAY

City/Municipality

6521

N/A

Street

SAN AGUSTIN

Barangay

LEYTE

Province

19. TELEPHONE NO.

N/A

20. MOBILE NO.

0935 947 2128

21. E-MAIL ADDRESS (if any)

ROLANRICARTE.PH@GMAIL.COM

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME

N/A

FIRST NAME

N/A

MIDDLE NAME

N/A

OCCUPATION

ADMINISTRATIVE AIDE III

EMPLOYER/BUSINESS NAME

VISAYAS STATE UNIVERSITY - MAIN CAMPUS

BUSINESS ADDRESS

VISCA, BAYBAY CITY, LEYTE

TELEPHONE NO.

+63 53 565 0600 Local 1010

23. NAME of CHILDREN (Write full name and list all)

N/A

DATE OF BIRTH (mm/dd/yyyy)

N/A

24. FATHER'S SURNAME

RICARTE

FIRST NAME

RODOLFO

MIDDLE NAME

PALOMA

25. MOTHER'S MAIDEN NAME

CELESTE

FIRST NAME

MARILYN

MIDDLE NAME

LUCERNAS

(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  
FromTo

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)

YEAR  
GRADUATED

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

ELEMENTARY

SAN AGUSTN ELEMENTARY SCHOOL

PRIMARY EDUCATION

20002006

N/A

2006

3RD HON.  
MENTION

SECONDARY

BUNGA NATIONAL HIGH SCHOOL

SECONDARY EDUCATION

20062010

N/A

2010

1ST HON.  
MENTION

VOCATIONAL /  
TRADE COURSE

N/A

N/A

N/A

N/A

N/A

N/A

COLLEGE

VISAYAS STATE UNIVERSITY - MAIN  
CAMPUS

BACHELOR OF SCIENCE IN  
AGRIBUSINESS

20102020

N/A

2020

N/A

GRADUATE STUDIES

N/A

N/A

N/A

N/A

N/A

N/A

(Continue on separate sheet if necessary)

SIGNATURE

ROLAN RICARTE

DATE

4/16/2025

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[illegible]

(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.

[illegible][illegible]

(Continue on separate sheet if necessary)

SIGNATURE	Ruba Alsh
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DATE \_\_\_\_\_

4/16/2025




[illegible]

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

[illegible]

#### 10. OTHER INFORMATION


31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING	N/A	ASSOCIATION OF RETURNED MISSIONARY BAYBAY CHAPTER
SWIMMING		

SIGNATURE		DATE	4/16/2015
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41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MILA BALAN	SAN AGUSTIN, BAYBAY CITY, LEYTE	N/A
MIRIAM M. DE LA TORRE	HIPUSNGO, BAYBAY CITY, LEYTE	N/A
EVELYN C. SOCORIN	SAN LUCAS, BAYBAY CITY, LEYTE	N/A
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.		



PHOTO

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

Person Administering Oath