

# 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                    | APAS  |   |  |
| FIRST NAME                    | CRISTON   |   | NAME EXTENSION (JR., SR)   |
| MIDDLE NAME                   | UYSON   |   |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 04/06/1993  | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | ORMOC CITY  | If holder of dual citizenship, please indicate the details. |  |
| 5. SEX                        | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  | Philippines   |  |
| 6. CIVIL STATUS               | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | 124 RIZAL STREET<br>House/Block/Lot No. Street<br>DISTRICT 19<br>Subdivision/Village Barangay<br>ORMOC CITY LEYTE<br>City/Municipality Province  |
| 7. HEIGHT (m)                 | 1.65  | ZIP CODE  | 06541  |
| 8. WEIGHT (kg)                | 71  | 18. PERMANENT ADDRESS                                       | 124 RIZAL STREET<br>House/Block/Lot No. Street<br>DISTRICT 19<br>Subdivision/Village Barangay<br>ORMOC CITY LEYTE<br>City/Municipality Province  |
| 9. BLOOD TYPE                 | AB+   | ZIP CODE  | 06541  |
| 10. GSIS ID NO.               |   | 19. TELEPHONE NO.   |  |
| 11. PAG-IBIG ID NO.           | 121018838993  | 20. MOBILE NO.  | 09612443257  |
| 12. PHILHEALTH NO.            | 13-050193269-9  | 21. E-MAIL ADDRESS (if any)                                 | cristonapas1993@gmail.com  |
| 13. SSS NO.                   | 06-4010188-0  |   |  |
| 14. TIN NO.                   | 339-054-309-000   |   |  |
| 15. AGENCY EMPLOYEE NO.       | 19-02176  |   |  |

## II. FAMILY BACKGROUND

|                          |                          |                          |   |                            |
|--------------------------|--------------------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME     |                          |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | NAME EXTENSION (JR., SR) |                          |   |                            |
| MIDDLE NAME              |                          |                          |   |                            |
| OCCUPATION               |                          |                          |   |                            |
| EMPLOYER/BUSINESS NAME   |                          |                          |   |                            |
| BUSINESS ADDRESS         |                          |                          |   |                            |
| TELEPHONE NO.            |                          |                          |   |                            |
| 24. FATHER'S SURNAME     | APAS                     |                          |   |                            |
| FIRST NAME               | CRISTELINO               | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              | COSTELO                  |                          |   |                            |
| 25. MOTHER'S MAIDEN NAME |                          |                          |   |                            |
| SURNAME                  | UYSON                    |                          |   |                            |
| FIRST NAME               | GREGORIA                 |                          |   |                            |
| MIDDLE NAME              | CASTROVERDE              |                          |   |                            |

(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                | ORMOC CITY CENTRAL SCHOOL           | PRIMARY EDUCATION   | 1999                 | 2005 |  |                |                                       |
| SECONDARY                 | NEW ORMOC CITY NATIONAL HIGH SCHOOL | HIGH SCHOOL   | 2005                 | 2009 |  |                |                                       |
| VOCATIONAL / TRADE COURSE |                                     |   |                      |      |  |                |                                       |
| COLLEGE                   | EASTERN VISAYAS STATE UNIVERSITY    | BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY; BS IN MECHANICAL ENGINEERING | 2009                 | 2013 |  |                |                                       |
|                           | WESTERN LEYTE COLLEGE               | BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY                                | 2013                 | 2017 |  |                |                                       |
| GRADUATE STUDIES          |                                     |   |                      |      |  |                |                                       |

(Continue on separate sheet if necessary)

|           |   |      |            |
|-----------|---|------|------------|
| SIGNATURE |  | DATE | 02/14/2022 |
|-----------|---|------|------------|



| IV. CIVIL SERVICE ELIGIBILITY |  |                           |  |   |                         |                     |
|-------------------------------|--|---------------------------|--|---|-------------------------|---------------------|
| 27.                           | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER<br>SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING<br>(If Applicable) | DATE OF<br>EXAMINATION /<br>CONFERMENT | PLACE OF EXAMINATION / CONFERMENT                       | LICENSE (if applicable) |                     |
|                               |  |                           |  |   | NUMBER                  | Date of<br>Validity |
|                               | CAREER SERVICE PROFESSIONAL ELIGIBILITY  |                           | 12/03/2017                             | LEYTE NATIONAL HIGH SCHOOL, TACLOBAN<br>CITY            |                         |                     |
|                               | NATIONAL CERTIFICATE III IN BOOKKEEPING  |                           | 31/07/2015                             | BRIDGES MULTI-SKILLS TRAINING CENTRE<br>ORMOC CITY INC. |                         |                     |
|                               |  |                           |  |   |                         |                     |
|                               |  |                           |  |   |                         |                     |
|                               |  |                           |  |   |                         |                     |
|                               |  |                           |  |   |                         |                     |
|                               |  |                           |  |   |                         |                     |

#### V. WORK EXPERIENCE

[illegible]

|           |   |      |            |
|-----------|---|------|------------|
| SIGNATURE |  | DATE | 02/14/2022 |
|-----------|---|------|------------|

[illegible]

| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED |  |
|--|--|
| 1. Name of the Program   |  |
| 2. Duration  |  |
| 3. Location  |  |
| 4. Organized by  |  |
| 5. Objective   |  |
| 6. Key Takeaways   |  |
| 7. Impact on Performance   |  |
| 8. Feedback Received   |  |
| 9. Additional Comments   |  |

[illegible]

|                         |  |
|-------------------------|--|
| VIII. OTHER INFORMATION |  |
|-------------------------|--|

| 31. SPECIAL SKILLS and HOBBIES   | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|--|--|---|
| BOOKKEEPING  |  | INSTITUTE OF CERTIFIED BOOKKEEPERS                            |
| COMPUTER LITERATE (MICROSOFT OFFICE,<br>PHOTO AND VIDEO EDITING, ETC.) |  | NATIONAL INSTITUTE OF ACCOUNTING<br>TECHNICIANS               |
| GREAT INTERPERSONAL SKILLS   |  | JUNIOR PHILIPPINE INSTITUTE OF<br>ACCOUNTANTS                 |
| BASKETBALL   |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

|           |   |      |            |
|-----------|---|------|------------|
| SIGNATURE |  | DATE | 02/14/2022 |
|-----------|---|------|------------|

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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.    |
|-----------------------------|------------------------------|-------------|
| GENALD M. PAME              | BRGY. LIM-AO, KANANGA, LEYTE | 09159157959 |
| NELSON F. LAUDE             | BRGY. TAMBULILID, ORMOC CITY | 09956848091 |
| RENADETH APPLE J. CARTAGENA | OSMEÑA STREET, ORMOC CITY    | 09088661301 |

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: DRIVER'S LICENSE

ID/License/Passport No.: H03-21-201065

Date/Place of Issuance: 07/15/2021 / ORMOC CITY

Signature (Sign inside the box)

02/14/2022

Date Accomplished



SUBSCRIBED AND SWORN to before me this

affiant exhibiting his/her validly issued government ID as indicated above.

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Book No. XXII

Series of 2022

FEB 14 2022 ATTY. JOSE RENANTE R. TERRE

UNTIL DECEMBER 31, 2022

ROLL No. 42646

IBP LIFE MEMBER NO. 01428/01-05-15

PTR No. 7053523/01-03-2022

Person Administering Oath

MOBILE COMPLIANCE No. V1-0011181/04-14-2022



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: January 28, 2019 – present
- Position: Document Controller
- Name of Office/Unit: Project and Services
- Immediate Supervisor: Nelson F. Laude
- Name of Agency/Organization and Location: Integral Industrial Management Corporation, Ormoc City
- List of Accomplishments and Contributions (if any)
  - Developed templates for office forms.
- Summary of Actual Duties
  - Responsible for the filing and organization of company documents, making liquidation reports, handling billing, payroll, and other general clerical duties; provides documentation on equipment/product reconditioned by the company through making service reports.

- Duration: July 15, 2017 – July 25, 2018
- Position: Billing assistant
- Name of Office/Unit: Aftersales Department
- Immediate Supervisor: Julito Pagatpat
- Name of Agency/Organization and Location: Pasajero Motor Sales Corporation
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
  - Responsible for billing, doing inventory and monitoring of supplies, provides progress reports on car under repair, also provides assistance in making financial/accounting reports; communicates with customers on their billing and the breakdown and responds to their queries and performs other related functions.

  
CRISTON U. APAS  
 (Signature over Printed Name  
 of Employee/Applicant)

Date: 02/15/2022