

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	BUEN		
FIRST NAME	RALPH JULIUS		NAME EXTENSION (JR., SR)
MIDDLE NAME	ASILOM		
3. DATE OF BIRTH (mm/dd/yyyy)	07/07/2001	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	BAYBAY CITY, LEYTE		Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	601 J.P LAUREL ST. <i>House/Block/Lot No. Street</i> POBLACION ZONE 8 <i>Subdivision/Village Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality Province</i> 6521
7. HEIGHT (cm)	170 CM		
8. WEIGHT (kg)	56 KG		
9. BLOOD TYPE	O		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121327106285	18. PERMANENT ADDRESS ZIP CODE	601 J.P LAUREL ST. <i>House/Block/Lot No. Street</i> POBLACION ZONE 8 <i>Subdivision/Village Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality Province</i> 6521
12. PHILHEALTH NO.			
13. SSS NO.			
14. TIN NO.	603-545-377-00000	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09927841294
		21. E-MAIL ADDRESS (if any)	ralphbuen07@gmail.com

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	BUEN			
FIRST NAME	RONALD	SR.		
MIDDLE NAME	BONUS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ASILOM			
FIRST NAME	EMMA			
MIDDLE NAME	BORINAGA		(Continue on separate sheet if necessary)	

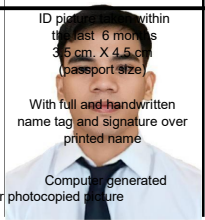
III. EDUCATIONAL BACKGROUND

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	BAYBAY II CENTRAL SCHOOL	ELEMENTARY	2007	2013	Graduate	2013	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL/ BAYBAY CITY SENIOR HIGH SCHOOL	HIGH SCHOOL	2013	2019	Graduate	2019	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION	2019	2023	Graduate	2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 1 of 4
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	From	To			
PHILIPPINE TAEKWONDO ASSOCIATION	2004	PRESENT	N/A	ATHLETE	
VISAYAS STATE UNIVERSITY VARSITY ATHLETE	2019	2023	N/A	ATHLETE	
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)					
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			
Tournament Manager of Taekwondo during Salingkusog 2023 (Visayas State university Intramural Games)	19/09/2023	23/09/2023	32.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
SPORTS CLINIC: ORGANIZING, MANAGING, AND OFFICIATING SWIMMING COMPETATION	03/04/2023	03/04/2023	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
Facilitating Gabas Integrated School Marching Band	07/03/2023	15/05/2023		FACILITATING	GABAS INTEGRATED SCHOOL
Technical working committee in the Annual Joint Ceremonial Recognition of Registered/Active Scouts and Culminating Activity of Fire Prevention Month	31/03/2023	31/03/2023	8.0	PROGRAM	GABAS INTEGRATED SCHOOL
SCHOOL LEARNING ACTION CELL on Magna Carta of Women (RA9710) and Gender Equality	29/03/2023	29/03/2023	4.0	MINAR/SYMPOSIU	GABAS INTEGRATED SCHOOL
SCHOOL LEARNING ACTION CELL on Cybersafe Awareness on Teachers	17/03/2023	17/03/2023	2.0	MINAR/SYMPOSIU	GABAS INTEGRATED SCHOOL
(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)	
TAEKWONDO	State Colleges and Universities Athletic Association meet 2019 GOLD MEDALIST			PHILIPPINE TAEKWONDO ASSOCIATION	
COMPUTER LITERATE	PALARONG PAMBANSA 2010 BRONZE MEDALIST held in Tagum City, Davao			Sangguniang Kabataan member - Poblacion Zone 8, Baybay City	
HIKING	Eastern Visayas Regional Athletic Association 2010 & 2019 GOLD MEDALIST				
	8X EVRAA apperances				
	CPG NATIONAL TAEKWONDO COMPETITION 2018				
	ATHLETE OF THE YEAR 2019 (BAYBAY CITY SENIOR HIGHSCHOOL)				
	ATHLETE OF THE YEAR 2017 (BAYBAY NATIONAL HIGHSCHOOL)				
	ATHLETE OF THE YEAR 2013 (BAYBAY II CENTRAL SCHOOL)				
(Continue on separate sheet if necessary)					
SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 3 of 4	

<p>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>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If </div> <p>YES, give details:</p>												
<p>a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: </div> <div style="text-align: right;"> YES NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____ </div>												
<p>Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ </div>												
<p>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>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ FINISHED CONTRACT </div>												
<p>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>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ </div>												
<p>Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____ </div>												
<p>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>Are you a member of any indigenous group?</p> <p>Are you a person with disability?</p> <p>Are you a solo parent?</p>	<div style="text-align: right;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES If YES, please specify ID No: _____ </div>												
<p>REFERENCES not related by consanguinity or affinity to appointing authority applicant/appointee)</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DELIO M. AMANTE JR.</td> <td>BRGY. HIPUSNGO BAYBAY CITY</td> <td></td> </tr> <tr> <td>KEMVIRLY P. ANCO</td> <td>BAYBAY CITY</td> <td></td> </tr> <tr> <td>LITO D. FLORES</td> <td>BRGY. POBLACION ZONE 8, ORMOC CITY</td> <td></td> </tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.	DELIO M. AMANTE JR.	BRGY. HIPUSNGO BAYBAY CITY		KEMVIRLY P. ANCO	BAYBAY CITY		LITO D. FLORES	BRGY. POBLACION ZONE 8, ORMOC CITY		<div style="text-align: center;">  <p>PHOTO</p> </div>
NAME	ADDRESS	TEL. NO.											
DELIO M. AMANTE JR.	BRGY. HIPUSNGO BAYBAY CITY												
KEMVIRLY P. ANCO	BAYBAY CITY												
LITO D. FLORES	BRGY. POBLACION ZONE 8, ORMOC CITY												
<p>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.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p>	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p style="text-align: center; margin-top: 5px;">Signature (Sign inside the box)</p>	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p style="text-align: center; margin-top: 5px;">Right Thumbmark</p>											

Date/Place of Issuance:		
	Date Accomplished	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
	Person Administering Oath	
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a.

b.

c.

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