

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	ARTIGAS		
FIRST NAME	ARVIC		NAME EXTENSION (JR., SR)
MIDDLE NAME	BUMAGAT		
3. DATE OF BIRTH (mm/dd/yyyy)	4/10/1997	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
4. PLACE OF BIRTH	PALOMPON, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☒ Male ☐ Female		
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ CANTUHAON Subdivision/Village _____ Barangay _____ PALOMPON LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.7	ZIP CODE	6538
8. WEIGHT (kg)	65		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ CANTUHAON Subdivision/Village _____ Barangay _____ PALOMPON LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6538
11. PAG-IBIG ID NO.	121215441536		
12. PHILHEALTH NO.	1302-5492-8810		
13. SSS NO.	06-4063762-6	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	0916-945-8198 / 0970-997-1719
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	arvicartigas@yahoo.com

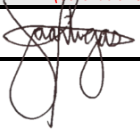
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ARTIGAS			
FIRST NAME	JESSIE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BARRO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BUMAGAT			
FIRST NAME	JOCELYN			
MIDDLE NAME	ALMOROTO		(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	CANTUHAON ELEMENTARY SCHOOL	N/A	2003	2009		2009	WITH HONORS
SECONDARY	CANTUHAON NATIONAL HIGH SCHOOL	N/A	2009	2013		2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - ISABEL	BACHELOR OF SCIENCE IN AGRIBUSINESS	2013	2017		2017	Dean's Lister (Summer)
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

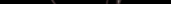
(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 22, 2022
-----------	---	------	---------------

[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	June 22, 2022
------------------	---	-------------	---------------

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

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(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			
	Food & Beverage Services Training	December 29, 2020	February 24, 2021	356 hours	Technical	Technical Education and Skills Development Authority (TESDA)
(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)	
	LISTENING TO MUSIC		N/A		N/A	
	INTERNET SURFING					
	READING					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	June 22, 2022	

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: <u>FINISHED CONTRACT (PUBLIC SECTOR)</u>												
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) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ECEL A. SILVANO</td> <td>SIMANGAN, ISABEL, LEYTE</td> <td>0967-849-8028</td> </tr> <tr> <td>MICHELLE P. DE LOS REYES</td> <td>CANTUHAON, PALOMPON, LEYTE</td> <td>0908-197-2339</td> </tr> <tr> <td>JOERYNE P. PEREZ</td> <td>BUENAVISTA, PALOMPON, LEYTE</td> <td>0935-621-6817</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ECEL A. SILVANO	SIMANGAN, ISABEL, LEYTE	0967-849-8028	MICHELLE P. DE LOS REYES	CANTUHAON, PALOMPON, LEYTE	0908-197-2339	JOERYNE P. PEREZ	BUENAVISTA, PALOMPON, LEYTE	0935-621-6817
NAME	ADDRESS	TEL. NO.											
ECEL A. SILVANO	SIMANGAN, ISABEL, LEYTE	0967-849-8028											
MICHELLE P. DE LOS REYES	CANTUHAON, PALOMPON, LEYTE	0908-197-2339											
JOERYNE P. PEREZ	BUENAVISTA, PALOMPON, LEYTE	0935-621-6817											
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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>POSTAL ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>124190144577</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>March 25, 2019/ORMOC CITY</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	POSTAL ID	ID/License/Passport No.:	124190144577	Date/Place of Issuance:	March 25, 2019/ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) June 22, 2022 Date Accomplished </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) June 22, 2022 Date Accomplished	 Right Thumbmark
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	POSTAL ID												
ID/License/Passport No.:	124190144577												
Date/Place of Issuance:	March 25, 2019/ORMOC CITY												
 Signature (Sign inside the box) June 22, 2022 Date Accomplished	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>June 22, 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath													