CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEET				
WARNING: Any misrepresenta concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet sha	II cause the fil	ing of administrative/cr	iminal case/s aga	inst the person		
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	. ,		PDS FORM.  1. CS ID No.	ı	(Do not fill up. For CSC use only)		
I. PERSONAL INFORMATION		N/A if not applicable. DO NOT	ABBREVIAIL	T. 03 ID No.		(Do not till up. For God use only)		
2. SURNAME	BELISADO							
FIRST NAME	RODULFO NAME EXTENSION (JR., SR) JR.							
MIDDLE NAME	GODOY							
3. DATE OF BIRTH	19/11/1996	16. CITIZENSHIP		▼ Filipino □	Dual Citizenship			
(mm/dd/yyyy)		T TIIPIIO				by naturalization		
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizer	nship,		Pls. indicate country:			
5. SEX	✓ Male ☐ Female	please indicate the de	tails.	Philippines		•		
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	Hou	use/Block/Lot No.	SITIO COLO Street			
	☐ Widowed ☐ Separated ☐ Other/s:				BRG	Y. KAN-IPA		
7. HEIGHT (m)	1.63		Е	bdivision/Village BAYBAY		Barangay LEYTE		
8. WEIGHT (kg)	91	ZIP CODE	652	ity/Municipality		Province		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS			SIT	TO COLO		
10. GSIS ID NO.	N/A		Ног	ise/Block/Lot No.	BRG	Street Y. KAN-IPA		
				bdivision/Village BAYBAY		Barangay  LEYTE		
11. PAG-IBIG ID NO.	121232957658			ity/Municipality		Province		
12. PHILHEALTH NO.	N/A	ZIP CODE		6521				
13. SSS NO.	N/A	19. TELEPHONE NO.			N/A			
14. TIN NO.	725-007-235	20. MOBILE NO.		0920	3429869			
15. AGENCY EMPLOYEE NO.	00560	21. E-MAIL ADDRESS (if any)		rodulfobelisa	ıdojr@gma	il.com		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write full name and	list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., 3N)		N/A		N/A		
MIDDLE NAME	N/A			N/A		N/A		
OCCUPATION	N/A			N/A		N/A		
BUSINESS ADDRESS BUSINESS ADDRESS	N/A		N/A			N/A		
TELEPHONE NO.	N/A N/A			N/A N/A		N/A N/A		
24. FATHER'S SURNAME	BELISADO			N/A N/A		N/A N/A		
FIRST NAME	RODULFO	NAME EXTENSION (JR., SR)	N/A			N/A N/A		
MIDDLE NAME	NER	SR.		N/A		N/A		
25. MOTHER'S MAIDEN NAME	INCIN			N/A		N/A		
SURNAME	GODOY			N/A		N/A		
FIRST NAME	ROSITA	N/A			N/A			
MIDDLE NAME	VALENZONA	(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKO								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE  From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR SCHOLARSHIP/ YEAR ACADEMIC GRADUATED HONORS RECEIVED		

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	
		()		То	(ii flot graddated)			
ELEMENTARY	BAYBAY I CENTRAL SCHOOL	GRADE 1 TO GRADE 6	2003	2009	N/A	2009	N/A	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	1ST YEAR HIGH SCHOOL - 4TH YEAR HIGH SCHOOL	2009	2013	N/A	2013	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	N/A	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	(Continue on separate sheet if necessary)							
SIGNATURE			<b>DATE</b> June 14, 2023			3		

IV. CIVIL SEF	RVICE ELIGIBI	LITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL			RATING	DATE OF				oplicable)	
LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
N/A			N/A	N/A	N/A			N/A	N/A
V. WORK EX	PERIENCE		(Conti	nue on separate sheet if	necessary)				
		Start from your recent wo	ork) Description of	duties should be inc	dicated in the attached V	Vork Experien			
	DATES (mm/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То	BAYBAY CITY PA	AROLE AND	LOCAL GOV	ERNMENT UNIT		INCREMENT		
01/24/2022	PRESENT	PROBATION			YBAY	6,500.00	N/A	JOB ORDER	Y
01/10/2018	01/21/2022	BUS TERMINAL A MANAGEMENT		LOCAL GOVERNMENT UNIT BAYBAY		9,500.00	N/A	JOB ORDER	Y
01/04/2016	01/04/2018	BOTICA CAYUNDA	STORE CLERK	BOTICA CAYUNDA		N/A	N/A	WORKING STUDENT	N
									<u> </u>
			•	nue on separate sheet if	necessary)				
SIGNATURE JUNE 14, 2023									

VI. VOLUNTARY WORK OR INVOLVE	MENT IN CIVIC / NON-GO	VERNMENT /	PEOPLE / VC	DLUNTARY OF	RGANIZATION/	S	
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
		(Continue on s	separate sheet if ne	ecessary)			
VII. LEARNING AND DEVELOPMENT (Start from the most recent L&D/training program and					xecutive/Managerial	positions)	
30. TITLE OF LEARNING AND DEVELOPMEN PROGRAMS	T INTERVENTIONS/TRAINING (Write in full)	ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
LAND TRANSPORTATION OFFICE S FOR DEPUTIZED AGENTS AND T		03/04/2019	04/04/2019	12 HRS.	TECHNICAL	LAND TRANSPORTATION OFFICERS	
TRAINING FOR GLOBALLY FUTURE MANAG		09/03/2016	09/03/2016	4 HRS.	MANAGERIAL	MR. EUGENE NARRA, MA.Ed	
		(Continue on s	separate sheet if ne	ecessary)			
VIII. OTHER INFORMATION		NON ACADEMIC I	DISTINCTIONS / RE	ECOGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.		(Write in full)	LOOGIVITION		33. (Write in full)	
COMPUTER LITERATE  COMMUNICATION SKILLS			N/A			N/A	
MULTI-TASKING SKILLS							
PLAYING BASKETBALL							
		(Continue on s	separate sheet if ne	ecessary)			
SIGNATURE	Rath				ATE	JUNE 14, 2023	

34.	Are you related by consanguinity or affinity to the appointir chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - Call	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:							
35.	a. Have you ever been found guilty of any administrative o	☐ YES ☑ NO If YES, give details:							
	b. Have you been criminally charged before any court?	☐ YES ☑ NO  If YES, give details:  Date Filed:  Status of Case/s:							
36.	Have you ever been convicted of any crime or violation of regulation by any court or tribunal?	any law, decree, ordinance or	☐ YES ☑ NO If YES, give details:						
	Have you ever been separated from the service in any of tretirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	end of term, finished contract or phased	☐ YES ☑ NO If YES, give details:						
38.	<ul><li>a. Have you ever been a candidate in a national or local el Barangay election)?</li><li>b. Have you resigned from the government service during last election to promote/actively campaign for a national or</li></ul>	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:							
39.	Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country):							
40. a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:							
b. c.	Are you a person with disability?  Are you a solo parent?	☐ 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 applican	nt /appointee)	TEL NO	Wa Gille					
	MRS. JO ANN A. DACERA	SUPERVISOR, BCPPO BAYBAY	TEL. NO. <b>09173078805</b>						
	MR. MEL MORILLO	BCPPO BAYBAY CITY	09173078803						
	MRS. SARAH A. PADILLA	OIC, SPPO, BAYBAY CITY							
42.	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.								
ete G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, c.)  PLEASE INDICATE ID Number and Date overnment Issued ID:  DRIVER'S LICENSE  VLicense/Passport No.:  H12-18-002145								
l ⊦	ate/Place of Issuance: LTO BAYBAY CITY LEYTE	box)	Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this	oiting his/her validly issue	d government ID as indicated above.						
		ath							
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