

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	TAGACTAC		
FIRST NAME	WINNA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ANTONIANO		
3. DATE OF BIRTH (mm/dd/yyyy)	01/01/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK 2
7. HEIGHT (m)	1.50	House/Block/Lot No.	Street
8. WEIGHT (kg)	41	GALVEZ BOARDING HOUSE	GABAS
9. BLOOD TYPE	N/A	Subdivision/Village	Barangay
10. GSIS ID NO.	N/A	BAYBAY	LEYTE
11. PAG-IBIG ID NO.	121278556727	City/Municipality	Province
12. PHILHEALTH NO.	01-250414390-0	ZIP CODE	6521
13. SSS NO.	35-0083057-3	18. PERMANENT ADDRESS	ZONE 3
14. TIN NO.	778-939-915-000	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	N/A	Subdivision/Village	DOOS DEL NORTE
		HINDANG	LEYTE
		City/Municipality	Province
		ZIP CODE	6523
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0919-318-5653
		21. E-MAIL ADDRESS (if any)	winnatagactac@gmail.com

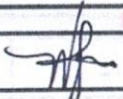
II. FAMILY BACKGROUND

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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	TAGACTAC		N/A	N/A
FIRST NAME	BALDWIN	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	ALQUEZA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ANTONIANO		N/A	N/A
FIRST NAME	GINA		N/A	N/A
MIDDLE NAME	RUBA		(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	Doos Elementary School		2005	2011		2011	2nd Honorable Mention
SECONDARY	Saint Michael College University of Makati- Senior Highschool	Humanities and Social Studies	2011 2015	2015 2017		2015 2017	2nd Honorable Mention
VOCATIONAL/ TRADE COURSE							
COLLEGE	University of Makati	Bachelor of Science in Business Administration major in Supply Chain Management				2021	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/18/2024
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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	1/18/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Duration of the Program	
4. Location of the Program	
5. Date of Completion	
6. Name of the Program Manager	
7. Name of the Program Sponsor	
8. Name of the Program Beneficiary	
9. Name of the Program Coordinator	
10. Name of the Program Facilitator	
11. Name of the Program Evaluator	
12. Name of the Program Reviewer	
13. Name of the Program Approver	
14. Name of the Program Signatory	
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(Continue on separate sheet if necessary)

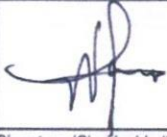
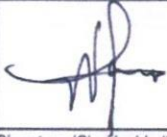
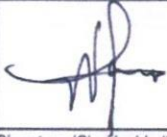









VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Organizing				
	Computer Skills				
	Driving				
	Dancing				
	Exploring nature				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/18/2024
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<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: 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: resignation last January 2023												
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?	<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:												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<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 <input checked="" type="checkbox"/> NO If YES, please specify ID No:												
41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Mona Nena B. Geraldo</td><td>Budget Office- VSU Main</td><td>0935-946-8586</td></tr><tr><td>Louella C. Ampac</td><td>Finance Office- VSU Main</td><td>0917-5423-297</td></tr><tr><td>Alicia M. Flores</td><td>Budget Office- VSU Main</td><td>+63 53 565 0600 local 1009</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Mona Nena B. Geraldo	Budget Office- VSU Main	0935-946-8586	Louella C. Ampac	Finance Office- VSU Main	0917-5423-297	Alicia M. Flores	Budget Office- VSU Main	+63 53 565 0600 local 1009
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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><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: 6058-2963-4278-4362</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance: PSA, 11/07/2021</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: 6058-2963-4278-4362	ID/License/Passport No.:	Date/Place of Issuance: PSA, 11/07/2021	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>11/18/24</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	11/18/24	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this 19 JAN 2024, affiant exhibiting his/her validly issued government ID as indicated above.													
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