

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	PANTORILLA		
FIRST NAME	DAISY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ENCARNACION		
3. DATE OF BIRTH (mm/dd/yyyy)	12/02/1992	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	PALOMPON, 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 type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.52	17. RESIDENTIAL ADDRESS	676 N/A House/Block/Lot No. Street N/A SANTO ROSARIO Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	53	ZIP CODE	6521
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A WASHINGTON House/Block/Lot No. Street N/A IPIL II Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6538
11. PAG-IBIG ID NO.	1210-9968-2600	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-201177973-9	20. MOBILE NO.	+639673521852
13. SSS NO.	0111-6329885-5	21. E-MAIL ADDRESS (if any)	ajmariodaisy@gmail.com
14. TIN NO.	708-707-185		
15. AGENCY EMPLOYEE NO.	VJO02112		

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)	aj mario p. laurente	05/22/2012
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PANTORILLA			
FIRST NAME	ROMEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAMINGAWAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ENCARNACION			
FIRST NAME	TERESITA			
MIDDLE NAME	MULAR		(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	PALOMPON SOUTH CENTRAL SCHOOL	N/A	1999	2005	N/A	2005	N/A
SECONDARY	PALOMPON INSTITUTE OF TECHNOLOGY	N/A	2005	2009	N/A	2009	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, BAYBAY, LEYTE, INC.	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN FINANCIAL MANAGEMENT	2018	2022	N/A	2022	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		DATE	08/22/2024
-----------	--	------	------------

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
					NUMBER	Date of Validity		
	CAREER SERVICE PROFESSIONAL	80.50	MARCH 12, 2017	LEYTE NATIONAL HIGH SCHOOL, TACLOBAN CITY	N/A	N/A		
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	04/07/2023	Present	ADMINISTRATIVE AIDE III	VISAYAS STATE UNIVERSITY	13,274.80	N/A	JOB ORDER	YES
	11/01/2022	12/31/2022	FIELD STAFF/ENUMERATOR	KEA MANAGEMENT CONSULTANCY SERIVCES	5,000.00	N/A	TEMPORARY	N/A
	03/16/2016	06/15/2018	OFFICE CLERK	LOCAL GOVERNMENT UNIT OF PALOMPON, LEYTE	4,600.00	N/A	JOB ORDER	YES
	09/06/2013	12/19/2014	OFFICE CLERK	LOCAL GOVERNMENT UNIT OF PALOMPON, LEYTE	4,400.00	N/A	JOB ORDER	YES
(Continue on separate sheet if necessary)								
SIGNATURE				DATE	08/22/2024			

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						
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			
	SEMINAR WORKSHOP ON BASIC RECORDS AND ARCHIVES MANAGEMENT (BRAM)	07/30/2024	07/31/2024	16.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	FROM POLICY TO PRACTICE: EODB, DPA OF 2012, AND PIA REORIENTATION FOR VISAYAS STATE (VSU) PERSONNEL	07/29/2024	07/29/2024	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	ORIENTATION OF GUIDELINES AND PROCEDURES ON PROCESSES/SERVICES OF THE OFFICES UNDER ADMINISTRATIVE SERVICES OFFICE (ASO)	02/23/2024	02/23/2024	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	WORKSHOP ON PROGRAM ACCREDITATION	01/12/2024	01/12/2024	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	DESIGN THINKING WORKSHOP	12/13/2023	12/14/2023	16.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	HRIS SOFTWARE ONBOARDING	12/06/2023	12/06/2023	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	UNLOCKING EXCELLENCE: THE 5S REVOLUTION FOR CLERKS AND HEADS AT VISAYAS STATE UNIVERSITY	11/29/2023	11/29/2023	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS & RE-AWARENESS WEBINAR	08/29/2023	08/29/2023	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
(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)		
	COMMUNICATION	N/A		N/A		
	COMPUTER					
	INTERPERSONAL					
	READING					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	08/22/2024	

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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	TEL. NO.
HAZEL F. VASQUEZ		PALOMPON, LEYTE	9166001722
JOEL REY U. ACOB		LINAO, ORMOC CITY	9569161146
ELVIRA E. ONGY		BAYBAY CITY	9164826292
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.			
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: DRIVER'S LICENSE</div> <div>ID/License/Passport No.: H10-17-001047</div> <div>Date/Place of Issuance: 12/01/2021 BAYBAY CITY</div>		<div><div>Opz</div><div>Signature (Sign inside the box)</div><div>08/22/2024</div><div>Date Accomplished</div></div> <div><div></div><div>PHOTO</div><div><div></div><div>Right Thumbmark</div></div></div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
<div><div></div><div>Person Administering Oath</div></div>			