

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 FIRST NAME MIDDLE NAME	NAYRE		
	NEIL		NAME EXTENSION (JR., SR)
	MARTINEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	06/16/1995	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	Dual Citizenship <input type="checkbox"/> Filipino <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: <div></div>
4. PLACE OF BIRTH	Baybay City		
5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS <input 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	House/Block/Lot No. Street KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	150		
8. WEIGHT (kg)	62		
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS ZIP CODE	TANDANG SORA House/Block/Lot No. Street ZONE 1 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	13		
11. PAG-IBIG ID NO.	121256565144		
12. PHILHEALTH NO.	13-252324384-9		6521
13. SSS NO.	3488739424	19. TELEPHONE NO.	N/A
14. TIN NO.	358674680	20. MOBILE NO.	09552491087
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	w33nayre@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			
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			

TELEPHONE NO.	N/A			
24.FATHER'S SURNAME	NAYRE			
FIRST NAME	RONILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATIBAG			
25. MOTHER'S MAIDEN NAME				
SURNAME	MARTINEZ			
FIRST NAME	BEBELINA			
MIDDLE NAME	ROSAL		(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 National Central School	ELEMENTARY	2002	2008	Graduated	2008	
SECONDARY	Baybay National High school	SECONDARY	2008	2012	Graduated	2012	
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	Bachelor of Science in Agribusiness	College	2013	2019	Graduated	2019	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/22/25
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Top Insurance Seller	Regional SCUAA athlete on Table tennis Champion (NAVAL)	
Computer Enthusiast	National SCUAA athlete on Table tennis (Batangas City)	
	Regional SCUAA athlete on Table tennis Champion (VSU)	
	National SCUAA athlete on Table tennis (Aklan City)	
(Continue on separate sheet if necessary)		
SIGNATURE	<div>(Continue on si</div>	DATE
		9/25/24

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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)?	<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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></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><div><input type="checkbox"/> YES</div><div>If YES, please specify: _____</div></div> <div><div><input type="checkbox"/> YES</div><div>If YES, please specify ID No: _____</div></div> <div><div><input type="checkbox"/> YES</div><div>If YES, please specify ID No: _____</div></div>

41.REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Romulo B. Alcala	Brgy. Candadam, Baybay City, Leyte	9774841763

Raymund Igcasama	Brgy. Kilim Sitio Tab-ang Baybay City Leyte	

42.



PHOTO

(i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID: Drivers License
ID/License/Passport No.: H12-19-002702
Date/Place of Issuance: 9/24/2019, Baybay City

Signature (Sign inside the box)
9/25/24
Date Accomplished

Right Thumbmark

Government Issued ID	SUBSCRIBED AND SWORN to before me this _____ , affiant exhibiting his/her validly issued government ID as indicated above.
	<div></div> <div>Person Administering Oath</div>