CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH	IEE	Γ				
WARNING: Any misrepresentat	tion made in the Personal Data Sheet and the	e Work Experience Sheet sh	nall cause the	filing of ad	ministrative	e/criminal case/s	against the p	erson	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHI	EET (PDS) BEFORE ACCOM	MPLISHING TH	HE PDS FOR	RM.				
) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATION									
2. SURNAME	Deroy					NAME EXTENSION (JF	(CD)		
FIRST NAME	Reynaldo					INAME EXTENSION (JP	, or)		
MIDDLE NAME	Perido								
DATE OF BIRTH (mm/dd/yyyy)	7/17/1971	16. CITIZENSHIP	✓ Filipino ✓ Dual Citizenship			by natural	ization		
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizenship,		Pls. indicate c			country:		
5. SEX	✓ Male ☐ Female	please indicate the de	tails.					•	
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		N/A House/Block/Lot No. N/A Subdivision/Village			N/A Street Barangay		
7. HEIGHT (m)	1.625								
8. WEIGHT (kg)	65	ZIP CODE	City/Municipality			Province 6521			
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	N/A				Zone 3		
10. GSIS ID NO.	N/A						Street rangay Pangasugan		
11. PAG-IBIG ID NO.	121203645202			ubdivision/Village Baybay City		Barangay Leyte			
12. PHILHEALTH NO.	13-000104172-0	ZIP CODE	6521	City/Municipality 6521			Province		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A						
14. TIN NO.	161109007000	20. MOBILE NO.	N/A						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	reynaldoderoy@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	e full name and	l list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	Tristan Jay S. [ay S. Deroy	1	8/11/2009		
MIDDLE NAME			Reyam S. Sabejon		7/18/		/2011		
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	Deroy								
FIRST NAME	Romulo	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Hintapan								
25. MOTHER'S MAIDEN NAME	•								
SURNAME	Perida								
FIRST NAME	Felecitas								
MIDDLE NAME		(Continue on separate sheet if necessary)							
III. EDUCATIONAL BACKGI	ROUND						,,		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		UN		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Can-ajing Elementary School	N/A							
SECONDARY	Ormoc City National High School	N/A							
VOCATIONAL / TRADE COURSE	Jose Navarro Technical Center	Refrigeration and Air Cor	nditioning	6/12/1905	6/14/1905	N/A	1992	N/A	
COLLEGE	Western Leyte College								
GRADUATE STUDIES									
SIGNATURE		ontinue on separate sheet if nece	essary)	DA	TE	Se	eptember 5, 2023		

27. CARE		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
BA		VS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT				Date o Validity
	N/A	ı	N/A	N/A	N/A			N/A	N/A
	EXPERIENCE			L ntinue on separate sheet					
8. INCL	vate employme USIVE DATES nm/dd/yyyy)	nt. Start from your recent POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AG	be indicated in the attacl ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV" SERVIO
From	То					O/ LE d\1	(Format "00-0")/ INCREMENT	, a. OITHMENT	(Y/ N)
2/8/2010	4/30/2018	Labore			otcrops (VSU)	4800.00	N/A	Job Order	8
/2/2019	7/30/2023	Labore	r	NC	RC (VSU)	6500.00	N/A	Job Order	3
			(Co	ntinue on separate sheet	if necessary)				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(Write in full)			To	NOMBER OF FIGURE			
N/A			N/A	N/A		N/A	
	(Con	tinus an asserta					
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P	tinue on separate : ROGRAMS A	sneet if necessary TTENDED)			
30. TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ld/yyyy)) NUMBER OF HOURS Supervisory/ Technical/etc)		(Write in full)	
N/A		From N/A	To N/A	N/A		N/A	
		14/74	14/74	1471			
	(Con	tinue on separate	shoot if nacassary	1			
VIII. OTHER INFORMATION	CON	unue on separate	sneet ii necessary	<i>)</i>			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
Woodworking	N/A					N/A	
Customer Service							
Landscaping							
Communication skills							
Farm and field work	field work						
Ability to lift heavy loads							
	(Con	tinue on separate	sheet if necessary				
SIGNATURE	48			DA	A <i>TE</i>	September 5, 2023	

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34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,						
a. within the third degree?	YES 7 NO					
b. within the fourth degree (for Local Government Unit - Ca	YES 7 NO					
3.00 (0.00000000000000000000000000000000	If YES, give details:					
35. a. Have you ever been found guilty of any administrative of	fense?	☐ YES ☑ NO				
	If YES, give details:					
h Harra var ha ar ariminally abannad bafara any aread	☐ YES ✓ NO					
b. Have you been criminally charged before any court?		If YES, give details:				
	Date Filed:					
	Status of Case/s:					
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	☐ YES ✓ NO				
by any court or tribunal?		If YES, give details:				
		-				
37. Have you ever been separated from the service in any of the	e following modes: resignation.	T VES TI NO				
retirement, dropped from the rolls, dismissal, termination, e		☐ YES ☑ NO If YES, give details:				
out (abolition) in the public or private sector?						
38. a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES ✓ NO				
Barangay election)?		If YES, give details:				
b. Have you resigned from the government service during t	he three (3)-month period before the last	☐ YES ☑ NO				
election to promote/actively campaign for a national or loca	I candidate?	If YES, give details:				
39. Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES NO				
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)						
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:					
b. Are you a person with disability?		YES NO				
, no you a polocii mai alcabiity.		If YES, please specify ID No:				
c. Are you a solo parent?		YES NO				
		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)						
NAME	ADDRESS	TEL. NO.				
Beljun Enaya	VSU, Baybay City, Leyte					
	100, Baybay Oity, Ecyto					
Mario Baliad	Brgy. Marcos					
Noessa David	Brgy Guadalupe					
42. I declare under oath that I have personally accomplished	I I this Personal Data Sheet which is a tr	rue, correct and				
complete statement pursuant to the provisions of pertin						
Philippines. I authorize the agency head/authorized repr						
I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	se the filing of PHOTO					
danimotativo/ominiai caco/o agamot mo.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	,					
PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: Philhealth						
ID/License/Passport No.: 13-000104172-0	ox)					
Date/Place of Issuance: Baybay City	Right Thumbmark					
	right mumbhair					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
⊢	ı.					
	Person Administering Oat	m .				