

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	NUÑEZ		
FIRST NAME	GOLDAMIER	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CANTILA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/31/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	DUMAGUETE, CITY	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	1340 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.55m	18. PERMANENT ADDRESS	1340 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	40kg		ZIP CODE
9. BLOOD TYPE	"AB+"		ZIP CODE
10. GSIS ID NO.	N/A		ZIP CODE
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	(053) 563-1385
12. PHILHEALTH NO.	13-025556430-8	20. MOBILE NO.	0928-349-6670
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	nunezgolda@gmail.com
14. TIN NO.	776-515-112		
15. AGENCY EMPLOYEE NO.	N/A		

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	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	NUÑEZ			
FIRST NAME	RICHELIEU	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	GALO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CANTILA			
FIRST NAME	GINELIE			
MIDDLE NAME	CORNELIA			

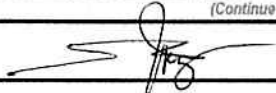
(Continue on separate sheet if necessary)

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	GUADALUPE ELEMENTARY SCHOOL	ELEMENTARY	2005	2011	GRADUATED	2011	N/A
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	HIGH SCHOOL	2011	2015	GRADUATED	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SILLIMAN UNIVERSITY	BACHELOR OF BUSINESS ADMINISTRATION MAJOR IN MANAGEMENT	2015	2019	GRADUATED	2019	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

9 / 21 / 2021

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IV. CIVIL SERVICE ELIGIBILITY


[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4 / 21 / 2021
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

INCLOSIVE DATES OF				
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[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
BASIC COMPUTER OPERATION (MS OFFICE/ EXCEL)		
Standard Adobe Photoshop Editing		
CYCLING		

SIGNATURE		DATE	04 / 21 / 2021
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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)		
NAME	ADDRESS	TEL. NO.
MELIANIDA C. FAELNAR	GUADALUPE, BAYBAY CITY, LEYTE	
DOREEN B. ALBA	GUADALUPE, BAYBAY CITY, LEYTE	9283664408
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.		



GOLDAMIER C. NUÑEZ

<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td></td></tr><tr><td>PLEASE INDICATE ID Number and Date of Issuance</td><td></td></tr><tr><td>Government Issued ID:</td><td>DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.:</td><td>H05-19-003992</td></tr><tr><td>Date/Place of Issuance:</td><td>2019/11/11 MAASIN DISTRICT OFFICE</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:	DRIVER'S LICENSE	ID/License/Passport No.:	H05-19-003992	Date/Place of Issuance:	2019/11/11 MAASIN DISTRICT OFFICE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>21 APRIL 2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	21 APRIL 2021	Date Accomplished	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark
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Signature (Sign inside the box)																		
21 APRIL 2021																		
Date Accomplished																		
Right Thumbmark																		

SUBSCRIBED AND SWORN to before me this 21 APR 21 2021, affiant exhibiting his/her validly issued government ID as indicated above.

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Person Administering Oath

Roll No. 42391
MCLE Compliance No. VI-0011118