

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	SULIVA			
FIRST NAME	JOSE FERNANDO	NAME EXTENSION (JR, SR)		
MIDDLE NAME	ADVINCULA			
3. DATE OF BIRTH (mm/dd/yyyy)	10 05 2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	BRGY. PALALE I, MACARTHUR, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines ▼	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street purok 6 PALALE I Subdivision/Village Barangay MACARTHUR LEYTE City/Municipality Province	
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:		ZIP CODE 6509	
7. HEIGHT (m)	5'3		18. PERMANENT ADDRESS	House/Block/Lot No. Street purok 6 PALALE I Subdivision/Village Barangay MACARTHUR LEYTE City/Municipality Province
8. WEIGHT (kg)	63 kg			ZIP CODE 6509
9. BLOOD TYPE	TYPE "O" POSITIVE	19. TELEPHONE NO. N/A		20. MOBILE NO. 09466874770
10. GSIS ID NO.	NONE			
11. PAG-IBIG ID NO.	NONE			
12. PHILHEALTH NO.	13-250651177-5			
13. SSS NO.	NONE			
14. TIN NO.	NONE			
15. AGENCY EMPLOYEE NO.	NONE			


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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SULIVA			
FIRST NAME	JOSE RAMIE	NAME EXTENSION (JR, SR)		
MIDDLE NAME	LERIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ADVINCULA			
FIRST NAME	LYDIA			
MIDDLE NAME	POLON		(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	PALALE ELEMENTARY SCHOOL	PRIMARY	2006	2012	GRADUATED	2012	6TH DESERVING
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL	HIGH SCHOOL	2012	2018	GRADUATED	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	SECOND LIFE EDUCATIONAL SERVICES INC.	CARPENTRY NC2	2023	2023	PASSED	2023	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION	2018	2022	GRADUATED	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

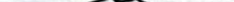
(Continue on separate sheet if necessary)


SIGNATURE		DATE	02/19/24	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	---	------	----------	---

[illegible]

V. WORK EXPERIENCE
 (Include relevant employment dates, job titles, and descriptions of duties. The dates should be indicated in the attached Work Experience sheet.)

[illegible]

SIGNATURE		DATE	02/19/24	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	----------	---



02/19/24


[illegible]

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

[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)
	EVENT HOSTING				LIAW DANCE TROUPE
	COOKING				VSU FOLKLORIC DANCE COMPANY
	CRAFTING INVITATIONS, PROGRAMS, AND SOUVENIRS				SAINT ISIDORE PARISH YOUTH MINISTRY
	READING ENGLISH NOVELS				
	FREELANCE MAKE UP ARTIST				

SIGNATURE		DATE	02/19/24	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	---	------	----------	---

CS FORM 212 (Revised 2017), Page 3 of 4

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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details: _____

☐ YES☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____


☐ YES☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
REY MART E. BELLEZA	BRGY. PALAE 1 MACARTHUR, LEYTE	9991561683
VIVIAN B. CRUZ	BRGY. CASUNTINGAN MACARTHUR, LEYTE	9770483392
JAY BANSALE	POB. DISTRICT 3 MACARTHUR, LEYTE	9489762630

42.




JOSE FERNANDO A. SULIVA

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 2072766


Date/Place of Issuance: 07-19-2023/TACLOBAN CITY



Signature (Sign inside the box)

08/19/2024

Date Accomplished



Right Thumbmark

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

Person Administering Oath

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