

CS Form No. 212
Revised 2017

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 FIRST NAME MIDDLE NAME	ABRILLO						
	REY					NAME EXTENSION (JR., SR)	
	ORONOS						
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 16, 1983	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.		Filipino			
4. PLACE OF BIRTH	BURAUEN, LEYTE			Pls. indicate country:			
5. SEX	Male						
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS					
			House/Block/Lot No.		Street		
			PANGASUGAN				
			Subdivision/Village		Barangay		
			BAYBAY CITY		LEYTE		
			City/Municipality		Province		
7. HEIGHT (m)	5"4	ZIP CODE	6521				
8. WEIGHT (kg)	58						
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS					
10. GSIS ID NO.	N/A		House/Block/Lot No.		Street		
			BRGY. PATONG				
			Subdivision/Village		Barangay		
			BURAUEN		LEYTE		
			City/Municipality		Province		
11. PAG-IBIG ID NO.	121210473518	ZIP CODE	6521				
12. PHILHEALTH NO.	190267652620						
13. SSS NO.	0639279312	19. TELEPHONE NO.	N/A				
14. TIN NO.	943260489	20. MOBILE NO.	09352672707				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)					

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
	N/A	NAME EXTENSION (JR., SR)			REGINE O. ABRILLO
	N/A				
OCCUPATION	N/A				
EMPLOYER/BUSINESS NAME	N/A				
BUSINESS ADDRESS	N/A				
TELEPHONE NO.	N/A				
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	ABRILLO				
	DOMINGO	NAME EXTENSION (JR., SR)			
	JOSE				
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME					
	ORONOS				
	ANUNCIACION				
	PATENTE		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	PATONG ELEMTARY SCHOOL	PRIMARY EDUCATION	1989	1995	N/A	1995	N/A
SECONDARY	BURAUEN COMPRE. NATIONAL HIGH SCHOOL	SECONADARY EDUCATION	1995	1999	N/A	1999	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	TERTIARY	2000	2001	N/A	N/A	N/A
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		MAY 24, 2025		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 24, 2025
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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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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			
	BUILDING WIRING INSTALLATION	11/05/2018	11/09/2018	72 hrs	Technical	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
	FLUKE USER'S TRAINING	06/28/2024	06/29/2024	16 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ELECTRICIAN	N/A		N/A
	LINEMAN			
	DRIVER			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 24, 2025
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	If YES, give details: _____ NO _____			
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	If YES, give details: _____ NO _____			
	If YES, give details: Date Filed: _____ NO _____ 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?	If YES, give details: _____ NO _____			
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?	If YES, give details: _____ NO _____			
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?	If YES, give details: _____ NO _____			
	If YES, give details: _____ NO _____			
39. Have you acquired the status of an immigrant or permanent resident of another country?	If YES, give details (country): _____ NO _____			
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	If YES, please specify: _____ NO _____			
	If YES, please specify ID No: _____ NO _____			
	If YES, please specify ID No: _____ NO _____			
	If YES, please specify ID No: _____ NO _____			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)				
NAME		ADDRESS	TEL. NO.	
ENGR. MARLON BURLAS		ORMOC CITY	9176341520	
ENGR. MARIO LILIO VALENZONA		BAYBAY CITY	9176341514	
ENGR. ERIC E. SAJULGA		BAYBAY CITY	9508244136	
42.			 PHOTO	
<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: PHILHEALTH ID</div> <div>ID/License/Passport No.: 190267652620</div> <div>Date/Place of Issuance: BAYBAY LGU</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>MAY 24, 2025</div> <div>Date Accomplished</div>		<div></div> <div>Right Thumbmark</div>
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>				