

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	CASINILLO			
FIRST NAME	JOSHUA	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	BARON			
3. DATE OF BIRTH (mm/dd/yyyy)	06/19/2000	15. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pis. indicate country.	
4. PLACE OF BIRTH	VALENZUELA, METRO MANILA	if holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6. MARITAL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province	
7. HEIGHT (m)	1.69 m	18. PERMANENT ADDRESS	CANGAG, LEYTE	
8. WEIGHT (kg)	67 kg		ZIP CODE	6539
9. BLOOD TYPE			House/Block/Lot No. Street	
10. GSIS ID NO.			Subdivision/Village Barangay City/Municipality Province	CANGAG, LEYTE
11. PAG-IBIG ID NO.			ISABEL, LEYTE	
12. PHILHEALTH NO.	02-252020889-9	ZIP CODE	6539	
13. SSS NO.		19. TELEPHONE NO.	N/A	
14. TIN NO.		20. MOBILE NO.	09079235504	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	casinilla.joshua16@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR.)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CASINILLO			
FIRST NAME	JONEBIT	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	TABON			
25. MOTHER'S MAIDEN NAME	J			
SURNAME	BARON			
FIRST NAME	JOVELINDA			
MIDDLE NAME	LUCIDA			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (NAME OF SCHOOL)	BASIC EDUCATION/DEGREE/COURSE (NAME OF COURSE)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (Grade)	YEAR GRADUATED	ACADEMIC ACHIEVEMENT RECEIVED
			From	To			
ELEMENTARY	CANGAG ELEMENTARY SCHOOL	ELEMENTARY	2006	2012		2012	SALUTATORIAN
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2018	2022		2022	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	<i>Joshua</i>	DATE	JULY 24, 2022
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[illegible]

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	

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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	LOCATION / NATURE OF WORK	
		From	To			
(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			
(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)
	PROFICIENT IN BASIC OF MICROSOFT TOOLS					
	VIDEO EDITING USING WONDERWARE AND KINEMASTER					
	SINGING					
	READING					
	VOLLEYBALL					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>													
<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>													
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GUADA FE F. VELMONTE</td> <td>ISABEL, LEYTE</td> <td>09452488508</td> </tr> <tr> <td>MICHELLE G. ORDOVEZ</td> <td>TACLOBAN, LEYTE</td> <td>09983382786</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GUADA FE F. VELMONTE	ISABEL, LEYTE	09452488508	MICHELLE G. ORDOVEZ	TACLOBAN, LEYTE	09983382786			
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<p>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 cases against me.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: 6513-0597-8074-0610</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of issuance: _____</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Signature (Sign inside the box)</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Date Accomplished</p> </div>												
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">ID picture taken within the last 6 months 3.5 cm X 4.5 cm (passport size)</p> <p style="text-align: center;">With full and handwritten name tag and signature over printed name</p> <p style="text-align: center;">Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Right Thumbmark</p> </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> <p>Person Administering Oath</p> </div>													