

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	RAMOS		
FIRST NAME	FE DAPHNEY		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	CAGANG		
3. DATE OF BIRTH (mm/dd/yyyy)	03/20/1988	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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	5'2"	17. RESIDENTIAL ADDRESS	#27 AIRSTRIP ROAD
8. WEIGHT (kg)	52KG		House/Block/Lot No. Street
9. BLOOD TYPE	O		LIDE STAFF HOUSING MAHAYAG
10. GSIS ID NO.	2003372873		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	1210-6190-2620		ISABEL LEYTE
12. PHILHEALTH NO.	120508381188	18. PERMANENT ADDRESS	City/Municipality Province
13. SSS NO.	06-2940944-8		#156 FATIMA
14. TIN NO.	287-874-315		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	VI00085		PLEASANTVILLE TOLINGON
			Subdivision/Village Barangay
		ZIP CODE	ISABEL LEYTE
			City/Municipality Province
			6539
		19. TELEPHONE NO.	556-8709
		20. MOBILE NO.	09190020951
		21. E-MAIL ADDRESS (if any)	fdaffodil05@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	RAMOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PETER PAUL	NAME EXTENSION (JR., SR) N/A	FRANCESCA ZAINE C. RAMOS	01/12/2015
MIDDLE NAME	JAZMINES			
OCCUPATION	RELIABILITY ENGINEER			
EMPLOYER/BUSINESS NAME	PASAR CORP.			
BUSINESS ADDRESS	LIDE, ISABEL, LEYTE			
TELEPHONE NO.	9166334276			
24. FATHER'S SURNAME	CAGANG			
FIRST NAME	WILFREDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	GALO			
25. MOTHER'S MAIDEN NAME				
SURNAME	DURANO			
FIRST NAME	MA. FE			
MIDDLE NAME	BARABAD		(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	DOANE BAPTIST SCHOOL	PRIMARY	JUNE 1995	MARCH 1999	GRADE-IV	1999	WITH HONORS
ELEMENTARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTIION - ISABEL	PRIMARY	JUNE 1999	MARCH 2001	GRADUATED	2001	SALUTATORIAN
SECONDARY	DOANE BAPTIST SCHOOL	SECONDARY	JUNE 2001	MARCH 2005	GRADUATED	2005	3RD HONORABLE
COLLEGE	SAN CARLOS UNIVERSITY	BACHELOR OF SCIENCE IN MANAGEMENT ACCOUNTING	JUNE 2005	MARCH 2009	GRADUATED	2009	CUM LAUDE
GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTERS IN MANAGEMENT	NOV. 2016	MARCH 2017	1ST SEM	ON GOING	N/A

(Continue on separate sheet if necessary)

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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PD 907		March 20, 2009	CEBU CITY		02/24/11

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
2/22/2020	present	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	20,731.00	"10- 4 "	Permanent	Yes
1/1/2019	2/21/2020	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	19,556.00	"10- 3 "	Permanent	Yes
1/1/2018	12/31/2018	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	19,048.00	"10- 3 "	Permanent	Yes
2/22/2017	12/31/2017	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	18,553.00	"10- 3 "	Permanent	Yes
1/1/2017	2/21/2017	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	18,385.00	"10- 2 "	Permanent	Yes
1/1/2016	12/31/2016	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	17,900.00	"10- 2 "	Permanent	Yes
2/22/2014	12/31/2015	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	17,428.00	"10- 2 "	Permanent	Yes
6/1/2012	2/21/2014	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	17,255.00	"10- 1 "	Permanent	Yes
6/1/2011	5/31/2012	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	15,948.00	"10- 1 "	Permanent	Yes
2/22/2011	5/31/2011	ADMINISTRATIVE OFFICER I / CASHIER I	VISAYAS STATE UNIVERSITY- ISABEL	14,641.00	"10- 1 "	Permanent	Yes
9/21/2009	2/18/2011	ACCOUNTING STAFF	HARBOUR CITY DIMSUM HOUSE CO., INC.	8,471.00		Regular	No
5/18/2009	8/21/2009	ACCOUNTING STAFF	CYPREA INTERNATIONAL INC.	7,000.00		Probationary	No

(Continue on separate sheet if necessary)

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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		
BROTHERHOOD OF CHRISTIAN BUSINESSMEN AND PROFFSSIONALS	JUNE 2019	PRESENT	N/A	MEMBER
COUPLES FOR CHRIST- SINGLES FOR CHRIST	OCTOBER 2008	JAN. 2014	N/A	MEMBER
JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTS (JPIA)	JUNE 2005	MARCH 2009	N/A	MEMBER
COUPLES FOR CHRIST- YOUTH FOR CHRIST	MAY 2005	OCTOBER 2008	N/A	MEMBER
BASIC ECCLESIAL COMMUNITY - SANGGONIANG KABATAAN	APRIL 2003	JUNE 2003	N/A	SECRETARY

(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			
PROGRAM TO INSTITUTIONALIZE MERITOCRACY AND EXCELLANCE IN HUMAN RESOURCE MANAGEMENT	NOV. 06, 2018	NOV. 06, 2018	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
PERSONALITY DEVELOPMENT AND HEALTH AWARENESS SEMINAR	SEPT. 24, 2018	SEPT. 24, 2018	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ASEAN INTEGRATION AND PUBLIC FINANCIAL MANAGEMENT REFORMS TOWARDS SUSTAINABLE SHARED GROWTH	MAY 2, 2018	MAY 5, 2018	32 HOURS		PAGBA
TRAINING-WORKSHOP IN PREPARATION FOR LEVEL I & II AACCUP ACCREDITATION	DEC. 6, 2017	DEC. 7, 2017	16 HOURS		VISAYAS STATE UNIVERSITY- MAIN CAMPUS
LAWS AND RULES ON GOVERNMENT EXPENDITURES	OCT. 03, 2017	OCT. 06, 2017	32 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
5'S "THE PRACTICE OF GOOD HOUSE KEEPING"	SEPT. 26, 2017	SEPT. 26, 2018	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ORIENTATION ON PHILHEALTH UPDATES AND BENEFITS	SEPT. 15, 2017	SEPT. 15, 2017	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
5'S "THE PRACTICE OF GOOD HOUSE KEEPING"	APR. 28, 2017	APR. 28, 2017	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ANTI-RED TAPE ACT AND RULES ON ADMINISTRATIVE CASES	SEPT. 2016	SEPT. 2016	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
CASH MANAGEMENT AND CONTROL SYSYTEM SEMINAR	AUG. 08, 2016	AUG. 10, 2016	24 HOURS		COMMISION ON AUDIT- TACLOBAN
ECHO SEMINAR ON INDIVIDUAL PERFORMANCE COMMITMENT & REVIEW	JULY 3, 2015	JULY 3, 2015	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ORIENTATION AND RE-ORIENTATION OF THE VSU POLICIES IN THE AVAILMENT OF SERVICE CREDITS	SEPT. 29, 2014	SEPT. 29, 2014	8 HOURS		BAYBAYON NI AGALON, ALBUERA
ANTI-RED TAPE ACT AND RULES ON ADMINISTRATIVE CASES	JULY 30, 2013	JULY 30, 2013	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ORIENTATION-SEMINAR ON STRATEGIC HUMAN RESOURCE PLAN	JUNE 21, 2013	JUNE 21, 2013	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ORIENTATION-SEMINAR ON THE GUIDELINES FOR THE PREPARATION OF THE IMs	JUNE 21, 2013	JUNE 21, 2013	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
SEMINAR ON COUNTERFEIT DETECTION AND FAMILIARIZATION OF LOCAL CURRENCY	JUNE 19, 2013	JUNE 19, 2013	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
ORIENTATION-SEMINAR ON ORGANIC AGRICULTURE AND RDE PROGRAM	JUNE 13, 2013	JUNE 13, 2013	8 HOURS		DEPARTMENT OF BUDGET MANAGEMENT
PERFORMANCE EVALUATION SYSTEM SEMINAR	JULY 16, 2012	JULY 16, 2012	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
STATEMENT OF ASSETS, LIABILITIES AND NET WORTH SEMINAR	MARCH 30, 2012	MARCH 30, 2012	8 HOURS		VISAYAS STATE UNIVERSITY- ISABEL
PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM	MARCH 13, 2012	MARCH 14, 2012	16 HOURS		DEPARTMENT OF BUDGET MANAGEMENT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
LETTERING, DRAWING, BUDGETING	N/A	BROTHERHOOD OF CHRISTIAN BUSINESSMEN AND PROFFSSIONALS LATIN AMERICAN MOTORCYCLE ASSOCIATION

(Continue on separate sheet if necessary)

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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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>																	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>																	
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>																	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>																	
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?	<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: RESIGNATION</div>																	
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>																	
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>																	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>																	
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div>																	
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>																	
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>																	
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>																	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																		
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>JEROME GOBENCIONG</td><td>TACLOBAN CITY</td><td>09174374840</td></tr><tr><td>MALOU C. NOCETE</td><td>CEBU CITY</td><td>09351456086</td></tr><tr><td>MAROL L. REPOSAR</td><td>ORMOC CITY</td><td>09173061950</td></tr></table>			NAME	ADDRESS	TEL. NO.	JEROME GOBENCIONG	TACLOBAN CITY	09174374840	MALOU C. NOCETE	CEBU CITY	09351456086	MAROL L. REPOSAR	ORMOC CITY	09173061950				
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MAROL L. REPOSAR	ORMOC CITY	09173061950																
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.																		
<table><tr><td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>CEDULA</td></tr><tr><td>ID/License/Passport No.:</td><td>17879146</td></tr><tr><td>Date/Place of Issuance:</td><td>01/28/2020</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:	CEDULA	ID/License/Passport No.:	17879146	Date/Place of Issuance:	01/28/2020	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)				Date Accomplished		<div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div>
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ID/License/Passport No.:	17879146																	
Date/Place of Issuance:	01/28/2020																	
Signature (Sign inside the box)																		
Date Accomplished																		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																		
<div>LUZVIMINDA A. TAJOS</div> <div>Person Administering Oath</div>																		

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