

## 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	GRANADEROS		
FIRST NAME	LOGIE GLENN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PAÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/13/1981	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	MAASIN SO. LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines	
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:	17. RESIDENTIAL ADDRESS	527 JOSE ABAD SANTOS House/Block/Lot No. Street BRGY. PATERNO TAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	177	ZIP CODE	6521
8. WEIGHT (kg)	95	18. PERMANENT ADDRESS	527 JOSE ABAD SANTOS House/Block/Lot No. Street BRGY. PATERNO TAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	"A"	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	104002805170	20. MOBILE NO.	09355390013 / 09201133137
12. PHILHEALTH NO.	020504071252	21. E-MAIL ADDRESS (if any)	lggranaderos13@gmail.com / aligervise@yahoo.com
13. SSS NO.	0622831864		
14. TIN NO.	245844466		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GRANADEROS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JULIE ANN	NAME EXTENSION (JR., SR)	ALFONSO GLENN U. GRANADEROS	6/28/2012
MIDDLE NAME	UY		LORNEM GLENN U. GRANADEROS	9/21/2014
OCCUPATION	GOV'T. EMPLOYEE		JULIANNA GLENN U. GRANADEROS	9/30/2015
EMPLOYER/BUSINESS NAME	LGU-BAYBAY			
BUSINESS ADDRESS	R. MAGSAYSAY AVE. BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GRANADEROS			
FIRST NAME	JUANCHO			
MIDDLE NAME	DANO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PAÑA			
FIRST NAME	LORNA			
MIDDLE NAME	BISLIG			

(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	Franciscan College Immaculate Conception		1988	1994		1994	N/A
SECONDARY	Franciscan College Immaculate Conception		1994	1998		1998	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	University of Cebu	Bachelor of Science in Marine Transportation	1998	2001		2001	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE
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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
	Drivers License				H12-19-002570	10/13/2023
	CSE-Professional (Civil Service Commission)	80.13	8/7/2022	LNHS-Tacloban City		

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	
			

## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Location of the program	
5. Name of the provider	
6. Name of the facilitator	
7. Name of the participant	
8. Title of the program	
9. Description of the program	
10. Date of attendance	
11. Location of the program	
12. Name of the provider	
13. Name of the facilitator	
14. Name of the participant	
15. Title of the program	
16. Description of the program	
17. Date of attendance	
18. Location of the program	
19. Name of the provider	
20. Name of the facilitator	
21. Name of the participant	
22. Title of the program	
23. Description of the program	
24. Date of attendance	
25. Location of the program	
26. Name of the provider	
27. Name of the facilitator	
28. Name of the participant	
29. Title of the program	
30. Description of the program	
31. Date of attendance	
32. Location of the program	
33. Name of the provider	
34. Name of the facilitator	
35. Name of the participant	
36. Title of the program	
37. Description of the program	
38. Date of attendance	
39. Location of the program	
40. Name of the provider	
41. Name of the facilitator	
42. Name of the participant	
43. Title of the program	
44. Description of the program	
45. Date of attendance	
46. Location of the program	
47. Name of the provider	
48. Name of the facilitator	
49. Name of the participant	
50. Title of the program	
51. Description of the program	
52. Date of attendance	
53. Location of the program	
54. Name of the provider	
55. Name of the facilitator	
56. Name of the participant	
57. Title of the program	
58. Description of the program	
59. Date of attendance	
60. Location of the program	
61. Name of the provider	
62. Name of the facilitator	
63. Name of the participant	
64. Title of the program	
65. Description of the program	
66. Date of attendance	
67. Location of the program	
68. Name of the provider	
69. Name of the facilitator	
70. Name of the participant	
71. Title of the program	
72. Description of the program	
73. Date of attendance	
74. Location of the program	
75. Name of the provider	
76. Name of the facilitator	
77. Name of the participant	
78. Title of the program	
79. Description of the program	
80. Date of attendance	
81. Location of the program	
82. Name of the provider	
83. Name of the facilitator	
84. Name of the participant	
85. Title of the program	
86. Description of the program	
87. Date of attendance	
88. Location of the program	
89. Name of the provider	
90. Name of the facilitator	
91. Name of the participant	
92. Title of the program	
93. Description of the program	
94. Date of attendance	
95. Location of the program	
96. Name of the provider	
97. Name of the facilitator	
98. Name of the participant	
99. Title of the program	
100. Description of the program	
101. Date of attendance	
102. Location of the program	
103. Name of the provider	
104. Name of the facilitator	
105. Name of the participant	
106. Title of the program	
107. Description of the program	
108. Date of attendance	
109. Location of the program	
110. Name of the provider	
111. Name of the facilitator	
112. Name of the participant	
113. Title of the program	
114. Description of the program	
115. Date of attendance	
116. Location of the program	
117. Name of the provider	
118. Name of the facilitator	
119. Name of the participant	
120. Title of the program	
121. Description of the program	
122. Date of attendance	
123. Location of the program	
124. Name of the provider	
125. Name of the facilitator	
126. Name of the participant	
127. Title of the program	
128. Description of the program	
129. Date of attendance	
130. Location of the program	
131. Name of the provider	
132. Name of the facilitator	
133. Name of the participant	
134. Title of the program	
135. Description of the program	
136. Date of attendance	
137. Location of the program	
138. Name of the provider	
139. Name of the facilitator	
140. Name of the participant	
141. Title of the program	
142. Description of the program	
143. Date of attendance	
144. Location of the program	
145. Name of the provider	
146. Name of the facilitator	
147. Name of the participant	
148. Title of the program	
149. Description of the program	
150. Date of attendance	
151. Location of the program	
152. Name of the provider	
153. Name of the facilitator	
154. Name of the participant	
155. Title of the program	
156. Description of the program	
157. Date of attendance	
158. Location of the program	
159. Name of the provider	
160. Name of the facilitator	

[illegible]

(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)
computer literate	N/A	N/A
playing basketball		
driving		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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34. Are you related by consanguinity or affinity to 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?

☐ YES☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ 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)?

☐ YES☒ NO

If YES, give details:

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:

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?

☐ YES☒ NO

If YES, please specify:

b. Are you a person with disability?

☐ YES☒ NO

If YES, please specify ID No:

c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify ID No:

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

NAME	TEL. NO.
Mr. Mariano E. Gorgonio	LGU-Baybay City, Leyte
Mrs. Mora C. Abarquez	LGU-Baybay City, Leyte 9209488507
Mr. Ramon Ronald Veloso	LGU-Baybay City, Leyte 9260218637

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.

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


Government issued ID: LGU-BAYBAY

ID/License/Passport No.: 1105

Date/Place of Issuance: BAYBAY CITY

Signature (Sign inside the box)

Date Accomplished



LOGIE GLENN P. GRANADA-ROS

Right Thumbmark

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

Person Administering Oath

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