

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	ROSADIÑO		NAME EXTENSION (JR., SR)	N/A
FIRST NAME	CARL JOSEPH			
MIDDLE NAME	PERANDOS			
3. DATE OF BIRTH (mm/dd/yyyy)	04/01/2001	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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS		
7. HEIGHT (m)	1.7	House/Block/Lot No.	Street	
8. WEIGHT (kg)	50	Subdivision/Village	Barangay	
9. BLOOD TYPE	A+	ORMOC CITY	LEYTE	
10. GSIS ID NO.	N/A	City/Municipality	Province	
11. PAG-IBIG ID NO.	1212-4530-8835	ZIP CODE	6541	
12. PHILHEALTH NO.	13-250718539-1	18. PERMANENT ADDRESS		
13. SSS NO.	N/A	House/Block/Lot No.	Street	
14. TIN NO.	N/A	Subdivision/Village	Barangay	
15. AGENCY EMPLOYEE NO.	N/A	ORMOC CITY	LEYTE	
		City/Municipality	Province	
		ZIP CODE	6541	
		19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	0991 817 3894	
		21. E-MAIL ADDRESS (if any)	rosadino.carl@gmail.com	

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	ROSADIÑO			
FIRST NAME	ZALDY	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	SIXTA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PERANDOS			
FIRST NAME	PERLITA			
MIDDLE NAME	CABAHUG			

(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	SALVACION ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013	N/A	2013	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL STI COLLEGE ORMOC	JUNIOR HIGH SCHOOL INFORMATION TECHNOLOGY	2013	2017	N/A	2017	N/A
VOCATIONAL / TRADE COURSE	N/A						With Honors
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF CULTURE AND ARTS EDUCATION	2019	2024	N/A	2024	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06 / 30 / 2023
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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.

(Continue on separate sheet if necessary)			
SIGNATURE	<i>[Signature]</i>	DATE	66 / 38 / 2024

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<p>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,</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 style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 items:</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>

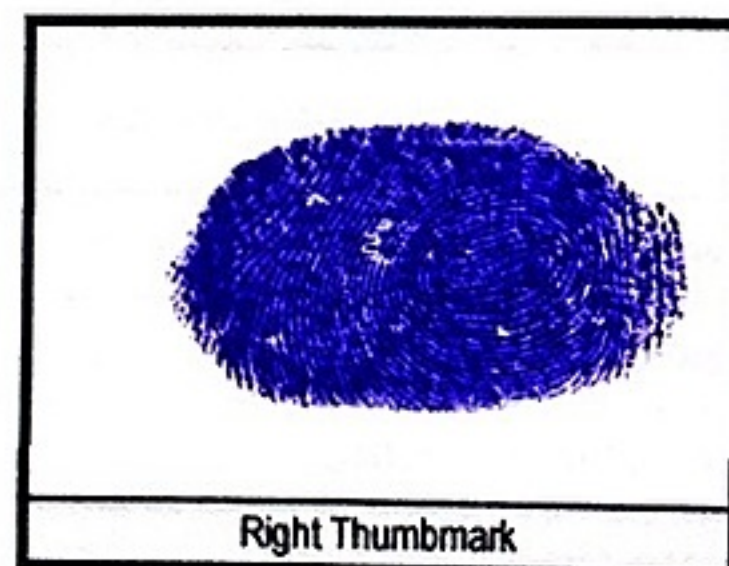
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
PROF. JOSELLE R. CAYETANO	BAYBAY CITY	0917 673 4281
DR. LOUIE P. GULA	BAYBAY CITY	0951 833 6285
CHRISTIAN N. BACOLOD	BAYBAY CITY	0906 783 6032

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: PAG-IBIG	
ID/License/Passport No.: 13-250718539-1	
Date/Place of Issuance: ORMOC CITY	

Signature (Sign inside the box)
62 / 30 / 2025
Date Accomplished



<p>SUBSCRIBED AND SWORN to before me this 02 JUL 2025, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p>Doc. No. <u>453</u></p> <p>Page No. <u>98</u></p> <p>Book No. <u>18</u></p> <p>s of <u>2025</u></p>	 BURT J. PADES Notary Public for Ormoc City and the Municipalities of Konanga, Matag-ob, Manda, and Isabel, Leyte Notarial Person Administering Oath Roll No. 42348 PTR No. 8342258-01/02/2025 ILP Lifetime No. 07815 MCLF Compliance No. 11-0022756/07.28.2022	<p style="text-align: right;">Right Thumbmark</p>
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