

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	AMIGO		
FIRST NAME	JIM RHODEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PACAÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/17/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MAHAYAG, ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	045 House/Block/Lot No. Street MAHAYAG Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
7. HEIGHT (m)	1.6	ZIP CODE	6542
8. WEIGHT (kg)	50		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	045 House/Block/Lot No. Street MAHAYAG Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6542
11. PAG-IBIG ID NO.	121319577418		
12. PHILHEALTH NO.	13-250286187-9		
13. SSS NO.	06-4580655-9	19. TELEPHONE NO.	
14. TIN NO.		20. MOBILE NO.	0975 149 0433
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	jramigo44@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	AMIGO			
FIRST NAME	PERCIVAL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANDRAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	PACAÑA			
FIRST NAME	EMELITA			
MIDDLE NAME	DUMAY		(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		YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To		
ELEMENTARY	MAHAYAG ELEMENTARY SCHOOL		07/04/2006	03/30/2012	2012	VALEDICTORIAN

SECONDARY	DAMULAAN NATIONAL HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	07/12/2012	03/29/2018	2018	WITH HONORS
VOCATIONAL / TRADE COURSE						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	08/05/2018	08/12/2022	2022	CUM LAUDE
GRADUATE STUDIES						
(Continue on separate sheet if necessary)						
SIGNATURE			DATE	08/12/2023		S FORM 212 (Revised 2017), Page 1 of 1

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	08/12/2023	CS FORM 212 (Revised 2017), Page 2 of 4
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[illegible]


(Continue on separate sheet if necessary)



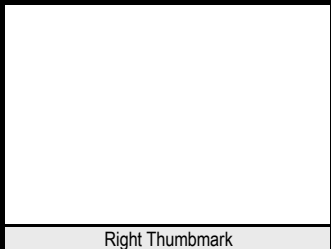
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRAWING AND PAINTING		COUNCIL PRESIDENT OF CHRIST LUTHERAN CHURCH
READING BOOKS		SK COUNCILOR OF BRGY. MAHAYAG, ALBUERA, LEYTE

PLAYING BADMINTON		
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		08/12/2023
CS FORM 212 (Revised 2017), Page 3 of 4		

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <div style="text-align: right;">Date Filed: _____</div> <div style="text-align: right;">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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)? 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?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <u>AS ELECTED AS SK COUNCIL</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
JAY C. BANSALE	BAYBAY CITY, LEYTE	0948 976 2630
MARIA FRENCHIE VI A. REGINO	CEBU CITY, CEBU	0933 676 9371
JOENEL LOU A. TAGALOG	ORMOC CITY, LEYTE	0969 035 6779
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.		 PHOTO
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: NatiNational ID ID/License/Passport No.: 4597-5826-3749-0854 Date/Place of Issuance: 08/06/2022 Mahayag, Albuera, Leyte	 Signature (Sign inside the box) 08/12/2023 Date Accomplished	 Right Thumbmark

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

Person Administering Oath