

CS Form No. 212

Revised 2017

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 FIRST NAME MIDDLE NAME	LECCIONES		
	ELSON		JR
	ITABLE		
3. DATE OF BIRTH (mm/dd/yyyy)	8/17/1994	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE		
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 ZIP CODE	424 House/Block/Lot No. Street RIVERSIDE GA-AS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65		
8. WEIGHT (kg)	56.9		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	424 House/Block/Lot No. Street RIVERSIDE GA-AS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
12. PHILHEALTH NO.	13-202526429-4		
13. SSS NO.	N/A		
14. TIN NO.	N/A	19. TELEPHONE NO.	563-0834
15. AGENCY EMPLOYEE N	N/A	20. MOBILE NO.	09066371621
		21. E-MAIL ADDRESS (if any)	elsonlecc@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	N/A	NAME EXTENSION (JR., SR)		
	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24.FATHER'S SURNAME FIRST NAME MIDDLE NAME	LECCIONES			
	ELSON	SR		
	TULOD			
25. MOTHER'S MAIDEN NAME				
SURNAME FIRST NAME MIDDLE NAME	ITABLE			
	PABLITA			
	TALATAYOD		(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	BAYBAY ADVENTIST ELEMENTARY SCHOOL		6/1/2001	3/1/2007		2007	
SECONDARY	EAST VISAYAN ADVENTIST ACADEMY		6/1/2007	4/1/20011		2011	
VOCATIONAL / TRADE COURSE							
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY - TOMAS OPPUS		6/1/2014	4/5/2018		2018	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE				

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[illegible]

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		
	Baybay Adventist Youth Organization	7/12/2020	7/13/1905		Vice President
	Voice of Hope Baybay Media Ministry				Vice Chairman

[illegible]

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: _____</div> <div>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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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><div><input checked="" type="checkbox"/> NO</div><div>_____</div></div> <div><input type="checkbox"/> YES<input type="checkbox"/> YES If YES, give details: <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><div><input type="checkbox"/> YES If YES, please _____ specify: <input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES If YES, please _____ specify ID No: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES If YES, please _____ specify ID No: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div></div>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			<div>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</div> <div>Computer generated or photocopied picture is not acceptable</div>
NAME	ADDRESS	TEL. NO.	
Dr. Pritzel Lee Guasa Yepes	Southern Leyte, Tomas-Oppus	9208014021	
Dr. Criselyn Saure Sescon	Southern Leyte, Tomas-Oppus	9501525763	
Pstr. Emmanuel Barrientos	Isabel Leyte	9175690229	
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.			<div></div>
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: 1722899</div><div>ID/License/Passport No.:</div><div>Date/Place of Issuance:1/4/2019 PRC, Robinson Ormoc</div></div> <div><div>Signature (Sign inside the box)</div><div>Date Accomplished</div></div>	<div></div>		
			Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting	
<div></div>	<div>Person Administering Oath</div>

