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. CSID No. (Do not fill up. For CSC use only) 2 SURNAME PIÑON NAME FIRST NAME TRENCE VALIANT MIDDLE NAME CARDENAS 3. DATE OF BIRTH 12/3/1994 16. CITIZENSHIP (mm/dd/yyyy) Filipino ☐ Dual Citizenship by birth by naturalization INOPACAN, LEYTE 4 PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ✓ Male ☐ Female Single ☐ Married 17 RESIDENTIAL ADDRESS N/A **ESOLINA** 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed ☐ Separated N/A POBLACION ZONE 23 Other/s: Subdivision/Village Barangay BAYBAY 7. HEIGHT (m) 5.7 City/Municipality Province 8. WEIGHT (kg) S2 ZIP CODE 6521 18. PERMANENT ADDRESS N/A ESQUINA 9. BLOOD TYPE 0 House/Block/Lot No. Street POBLACION ZONE 23 N/A 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY LEYTE 11. PAG-IBIG ID NO N/A City/Municipa Province 12. PHILHEALTH NO. N/A ZIP CODE 6521 13 SSS NO N/A 19 TELEPHONE NO N/A 14 TIN NO N/A 20. MOBILE NO. 09308848834 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) pinontrencevaliant1994@gmail.com FAMILY BACKGROUND N/A 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NAME N/A N/A N/A BUSINESS ADDRESS N/A N/A N/A TELEPHONE NO N/A N/A N/A 24. FATHER'S SURNAME MENDIOLA N/A NAME EXTENSION (JR., SR) N/A MELCHOR FIRST NAME N/A N/A MIDDLE NAME NAYRE N/A N/A 25. MOTHER'S MAIDEN NAME **CARDENAS** N/A N/A MENDIOLA SURNAME N/A N/A FIRST NAME TRIESTE N/A MIDDLE NAME PIÑON (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND 26 PERIOD OF ATTENDANCE HIGHEST LEVEL SCHOLARSHIP NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL YEAR UNITS EARNED (if not graduated) ACADEMIC HONOR: RECEIVED (Write in full) (Write in full) GRADUATED From То INOPACAN CENTRAL SCHOOL ELEMENTARY PRIMARY EDUCATION 01-JUNE 2007-APRIL GRADUATED 2007 NA SECONDARY BAYBAY NATIONAL HIGH SCHOOL HIGH SCHOOL 07-JUNE 2011-APRIL GRADUATED 2011 N/A VOCATIONAL / FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION HOUSEKEEPING NOU 2017, CCTORE GRADUATED 2017 PESFA TRADE COURSE COLLEGE FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION BACHELOR OF SECONDARY EDUCATION MAJOR IN FILIPINO GRADUATE STUDIES (Continue on separate sheet if necessary) SIGNATURE DATE FEBRUARY 04 2023

	ERVICE ELIG		DATAGO	DATE OF				LICENSE (if a	pplicable)
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	TION / CONFERMENT		NUMBER	Date of Validity	
N/A			N/A	N/A	/A		N/A	N/A	
N/A			N/A	N/A	N	I/A		N/A	N/A
N/A N/			N/A	N/A N/A				N/A	N/A
N/A N/A			N/A	N/A			N/A	N/A	
N/A N/A			N/A	/A		N/A	N/A		
				N/A N/A				N/A	N/A
					N/A N/A				
	IN/A		N/A	ntinue on separate sheet		I/A		N/A	N/A
	XPERIENCE ate employme	nt. Start from your recei	nt work) Descripti	on of duties should	be indicated in the attac	hed Work E	xperience she	ret	
INCLUSIVE DATES (mm/dd/yyyy) POSITION TI (Write in full/Do not		ITLE	DEPARTMENT / AGENCY / OFFICE / CO (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)	
From	То	(Write it lain bo flot	appreviatej	(write in Itili/Do not abbreviate)			INCREMENT		
4/20/2020	6/30/2022	ADMINISTRATI	VE AIDE	LOCAL GOVERNMENT UNIT OF INOPACAN		P 6,615.00	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
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N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
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N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
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N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
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N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
	IATURE	T	Pi (	ontinue on separate she	et if necessary)  DATE				

9. NAME & ADDRESS OF OR	RGANIZATION	INCLUSIV	UNTARY OF E DATES				
(Write in full		(mm/dc	1/уууу) То	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A N/A N/A		N/A		N/A		
N/A			N/A				
N/A	N/A	N/A N/A N/A N/A		N/A			
N/A	N/A N/A N/A			N/A			
N/A		N/A	N/A	N/A		N/A	
I. LEARNING AND DEVELOPMENT (L&D) I	NTERVENTIONS/TRAINING PR		ENDED				
from the most recent L&D/training program and include only the relevant L&D/training take  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)	
N/A		From N/A	To N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A N/A N/A			N/A	N/A	N/A	
N/A				N/A	N/A	N/A	
N/A				N/A	N/A	N/A	
N/A				N/A	N/A	N/A	
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N/A	N/A	N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A ontinue on separate	N/A	N/A	N/A	N/A	
MIL OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)	
COMPUTER SKILLS		N/A					
HOUSEKEEPING-NCII		N/A					
N/A		N/A					
N/A	N/A N/A					N/A	
N/A	N	'A		N/A			
N/A	N/A N/A				N/A N/A		
N/A							
	Continue on separate	e sheet if neces:		ATE	FEBRUARY 04 2023		

34. Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,				
a. within the third degree?     b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35, a. Have you ever been found guilty of any administrative offe	☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (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 Barangay election)?	☐ YES ☑ NO If YES, give details:			
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):			
O. 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant a	/appointee)			
NAME	ADDRESS	TEL. NO.		
MONINA V. ARRADAZA	BRGY.SANTO ROSARIO BAYBAY CITY,LEYTE	9057730173	20	
VIRGITA M. IBAÑEZ	30 DE DECIEMBRE ST. BAYBAY CITY,LEYTE	9665442943		
IMELDA V. ROYO	BRGY,GABAS BAYBAY CITY,LEYTE	9058844541		
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ted herein.	PIÑON, TRENCE VALIANT C.	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	Λ			
Government Issued ID: VOTER'S ID				
ID/License/Passport No.: 3721-0002A-C1294TCP10000	Signature (Sign inside the			
Date/Place of Issuance: INOPACAN,LEYTE	Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	, affiant exhil	biting his/her validly issued	d government ID as indicated above.	
	Person Administering O	ath		