

CS Form No. 212
Revised 2017

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	LATRAS				
FIRST NAME	ERIC			NAME EXTENSION (JR., SR)	
MIDDLE NAME	VILLARAZA				
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 16, 1983	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.		Filipino	
4. PLACE OF BIRTH	PATAG, BAYBAY CITY			Pls. indicate country:	
5. SEX	MALE				
6 CIVIL STATUS	MARRIED	17. RESIDENTIAL ADDRESS <div>House/Block/Lot No. Street</div> <div>PATAG</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY CITY LEYTE</div> <div>City/Municipality Province</div> ZIP CODE 6521			
7. HEIGHT (m)	5"4				
8. WEIGHT (kg)	74				
9. BLOOD TYPE	B				
10. GSIS ID NO.	N/A				
11. PAG-IBIG ID NO.	121201689876				
12. PHILHEALTH NO.	13200414198	18. PERMANENT ADDRESS <div>House/Block/Lot No. Street</div> <div>PATAG</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY CITY LEYTE</div> <div>City/Municipality Province</div> ZIP CODE 6521			
13. SSS NO.					
14. TIN NO.	937637080				
15. AGENCY EMPLOYEE NO.		19. TELEPHONE NO.	N/A		
		20. MOBILE NO.	09508244136		
		21. E-MAIL ADDRESS (if any)	sajulgaeric33@yahoo.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)	ANALIZA P. LATRAS	06/20/1996
MIDDLE NAME	N/A		JERICO P. LATRAS	09/13/1999
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LATRAS			
FIRST NAME	DIOSDADO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PABROQUES			
25. MOTHER'S MAIDEN NAME				
SURNAME	VILLARAZA			
FIRST NAME	LUNILA			
MIDDLE NAME	VILLOSANTOS		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	GABAS ELEMTARY SCHOOL	PRIMARY EDUCATION	1978	1984	N/A	1984	N/A
SECONDARY	BURAUEN COMPRE. NATIONAL HIGH SCHOOL	SECONADARY EDUCATION	1988	1992	N/A	1992	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		MAY 24, 2025		

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	MAY 24, 2025
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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		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(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)

30.	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)
		From	To			
	BUILDING WIRING INSTALLATION	05/19/2019	05/19/2019	8 HRS	Technical	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
	FLUKE USER'S TRAINING	06/28/2024	06/29/2024	16 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ELECTRICIAN	N/A		N/A
	LINEMAN			
	DRIVER			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 24, 2025
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	If YES, give details: NO			
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	If YES, give details: NO			
	If YES, give details: Date Filed: NO 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?	If YES, give details: NO			
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?	If YES, give details: NO			
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?	If YES, give details: NO			
	If YES, give details: NO			
39. Have you acquired the status of an immigrant or permanent resident of another country?	If YES, give details (country): NO			
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	If YES, please specify: NO			
	If YES, please specify ID No: NO			
	If YES, please specify ID No: NO			
	If YES, please specify ID No: NO			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)				
NAME		ADDRESS	TEL. NO.	
ENGR. MARLON BURLAS		ORMOC CITY	9176341520	
ENGR. MARIO LILIO VALENZONA		BAYBAY CITY	9176341514	
ENGR. ERIC E. SAJULGA		BAYBAY CITY	9508244136	
42.			 PHOTO	
<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: PHILHEALTH ID</div> <div>ID/License/Passport No.: 13200414198</div> <div>Date/Place of Issuance: BAYBAY LGU</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>MAY 24, 2025</div> <div>Date Accomplished</div>		<div></div> <div>Right Thumbmark</div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.				
<div></div> <div>Person Administering Oath</div>				