

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	RAMIREZ		
FIRST NAME	SEAN EDUARDO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	PICSON		
3. DATE OF BIRTH (mm/dd/yyyy)	11/17/1997	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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	N/A
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	N/A R.V. FULACHE House/Block/Lot No. Street N/A EASTERN Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
7. HEIGHT (m)	1.75	ZIP CODE	
8. WEIGHT (kg)	70	18. PERMANENT ADDRESS	N/A R.V. FULACHE House/Block/Lot No. Street N/A EASTERN Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
9. BLOOD TYPE	B+	ZIP CODE	
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121033389747		
12. PHILHEALTH NO.	13-200501066-7		
13. SSS NO.	06-4613890-2	19. TELEPHONE NO.	N/A
14. TIN NO.	777-901-146	20. MOBILE NO.	0953 774 0601
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ramirez.seaneduard17@gmail.com

II. FAMILY BACKGROUND

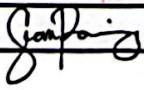
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	RAMIREZ			
FIRST NAME	EDUARDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	BELTRAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	PICSON			
FIRST NAME	ANALIZA			
MIDDLE NAME	PIJOTO			

(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	GERUNA OSMENA CHRISTIAN COLLEGE	N/A	2005	2011	N/A	2011	5TH HONOR
SECONDARY	GERUNA OSMENA CHRISTIAN COLLEGE	N/A	2011	2015	N/A	2015	13TH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN MECHANICAL ENGINEERING	2015	2020	N/A	2021	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	DECEMBER 18, 2024
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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.

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[illegible]

SIGNATURE		DATE	DECEMBER 18, 2024
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CS FORM 212 (Revised 2017), Page 2 of 2

<p>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,</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>Date Filed: _____</p> <p>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 checked="" type="checkbox"/> YES <input 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</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>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RAMIL VINCULADO</td> <td>HILONGOS, LEYTE</td> <td>0917 841 2927</td> </tr> <tr> <td>JOE MICHAEL CAGANG</td> <td>ISABEL, LEYTE</td> <td>0967 686 2354</td> </tr> <tr> <td>WENILO CLEMENTIA</td> <td>ISABEL, LEYTE</td> <td>0915 180 0756</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RAMIL VINCULADO	HILONGOS, LEYTE	0917 841 2927	JOE MICHAEL CAGANG	ISABEL, LEYTE	0967 686 2354	WENILO CLEMENTIA	ISABEL, LEYTE	0915 180 0756
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<p>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.</p>													
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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  RAMIREZ, SEAN EDUARD P. </div> <div style="text-align: center;">  Right Thumbmark </div> </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													