

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	CUSTODIO			
FIRST NAME	AL DEAN		NAME EXTENSION (JR., SR)	
MIDDLE NAME	DOHILING			
3. DATE OF BIRTH (mm/dd/yyyy)	8/7/1997	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.	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		
7. HEIGHT (m)	1.7	ZIP CODE	House/Block/Lot No. Street N/A PATAG Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province	
8. WEIGHT (kg)	67		6521-A	
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS	
10. GSIS ID NO.	N/A		ZIP CODE	House/Block/Lot No. Street N/A SAN ISIDRO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
11. PAG-IBIG ID NO.	121292887614			6512
12. PHILHEALTH NO.	13-250692500-6			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	604-676-714-00000	20. MOBILE NO.	09513669480/09165220551	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:addcustodio@gmail.com">addcustodio@gmail.com</a>	

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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CUSTODIO			
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABANTAC			
25. MOTHER'S MAIDEN NAME				
SURNAME	DOHILING			
FIRST NAME	EDNA			
MIDDLE NAME	DONAYRE		(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	BRGY. SAN ISIDRO, ELEMENTARY, SCHOOL	PRIMARY EDUCATION	2004	2010	N/A	2010	N/A
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	N/A	2014	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE OF COMPUTER SCIENCE	2014	2020	N/A	2020	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 23, 2024	CS FORM 212 (Revised 2017), Page 1 of 4
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**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S**[illegible]

*(Continue on separate sheet if necessary)*

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

[illegible]



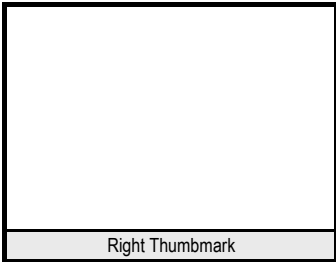
(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	N/A	N/A

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	<b>JANUARY 23, 2024</b>	CS FORM 212 (Revised 2017), Page 3 of 4
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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: _____ 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><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: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</div>		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
NAME		ADDRESS		TEL. NO.	
RUBIO B. TIMKANG		VSU, BAYBAY CITY, LEYTE		9612403737	
ARLEE JEN C. AVELLANA		VSU-TOLOSA, TACLOBAN CITY, LEYTE		9654882261	
BAYRON S. BARREDO		VSU, BAYBAY CITY, LEYTE		9515112133	
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>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: POSTAL ID</div> <div>ID/License/Passport No.: I32210534496</div> <div>Date/Place of Issuance: TACLOBAN CITY</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>02/06/2024</div> <div>Date Accomplished</div>			<div></div> <div>PHOTO</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>					