

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	ITALIO		
FIRST NAME	ELIZABETH		
MIDDLE NAME	ABELARDO		
3. DATE OF BIRTH (mm/dd/yyyy)	05/10/1989	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	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.53M	ZIP CODE	House/Block/Lot No. Street SITIO TIBALWA BRGY. KAMBONGGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	73 KGS.		
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-025122981-4	ZIP CODE	House/Block/Lot No. Street SITIO TIBALWA BRGY. KAMBONGGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
13. SSS NO.	0630201842		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		
19. TELEPHONE NO.			
20. MOBILE NO.	0947-8013040		
21. E-MAIL ADDRESS (if any)	elizabeth.italio1089@yahoo.com		

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	ITALIO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JEOFFREY	NAME EXTENSION (JR., SR)	NICHOLAS ANTONIO A. ITALIO	11/29/2012
MIDDLE NAME	PASTORIL			
OCCUPATION	SELF-EMPLOYED			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ABELARDO			
FIRST NAME	ROLANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GENTALLAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUINOCOR			
FIRST NAME	ELIZABETH			
MIDDLE NAME	SARNO		(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 NORTH CENTRAL SCHOOL	PRIMARY EDUCATION	06/05/1995	3/30/2001	GRADUATE	2001	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	06/04/2001	04/01/2005	GRADUATE	2005	N/A
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLGE OF THE IMMACULATE CONCEPTION	NURSING AIDE	6/13/2005	3/24/2007	DIPLOMA	2007	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF ELEMENTARY EDUCATION	06/09/2014	03/06/2018	GRADUATE	2018	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	12-14-23

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR TEACHERS	77.0	3/24/2019	TACLOBAN CITY		
	NC II IN HOUSEKEEPING		12/29/2019	FCIC-BAYBAY CITY		

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Chapman</i>	DATE	12-14-23
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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)
READING		
DANCING		
SOCIAL NETWORKING		
COMPUTER LITERATE		
BAKING		
SPORTS		

(Continue on separate sheet if necessary)

SIGNATURE	<i>E. J. [Signature]</i>	DATE	12-14-23
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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)?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:
Date Filed: _____
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?

☐ YES☒ NO

If YES, give details:

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?

☒ YES☐ NO

If YES, give details:
FINISHED CONTRACT

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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):

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?

☐ 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 /appointee)

NAME	ADDRESS	TEL. NO.
DR. IRMA BARBARA T. GUIBONE	BAYBAY CITY	9175457323
DR. MARIA VICTORIA GONZAGA	BAYBAY CITY	9126944280
ATTY. RYSAN C. GUINOCOR	BAYBAY CITY	0917 312 6266

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.

ELIZABETH A. ITALIO II

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC LICENSE

ID/License/Passport No.: 1756659

Date/Place of Issuance: 05/30/2019-PRC ORMOC

Signature (Sign inside the box)

12/14/23

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 14 DEC 2023, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
YSU Chief Legal Officer
Person Administering Oath

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