Revised 2017

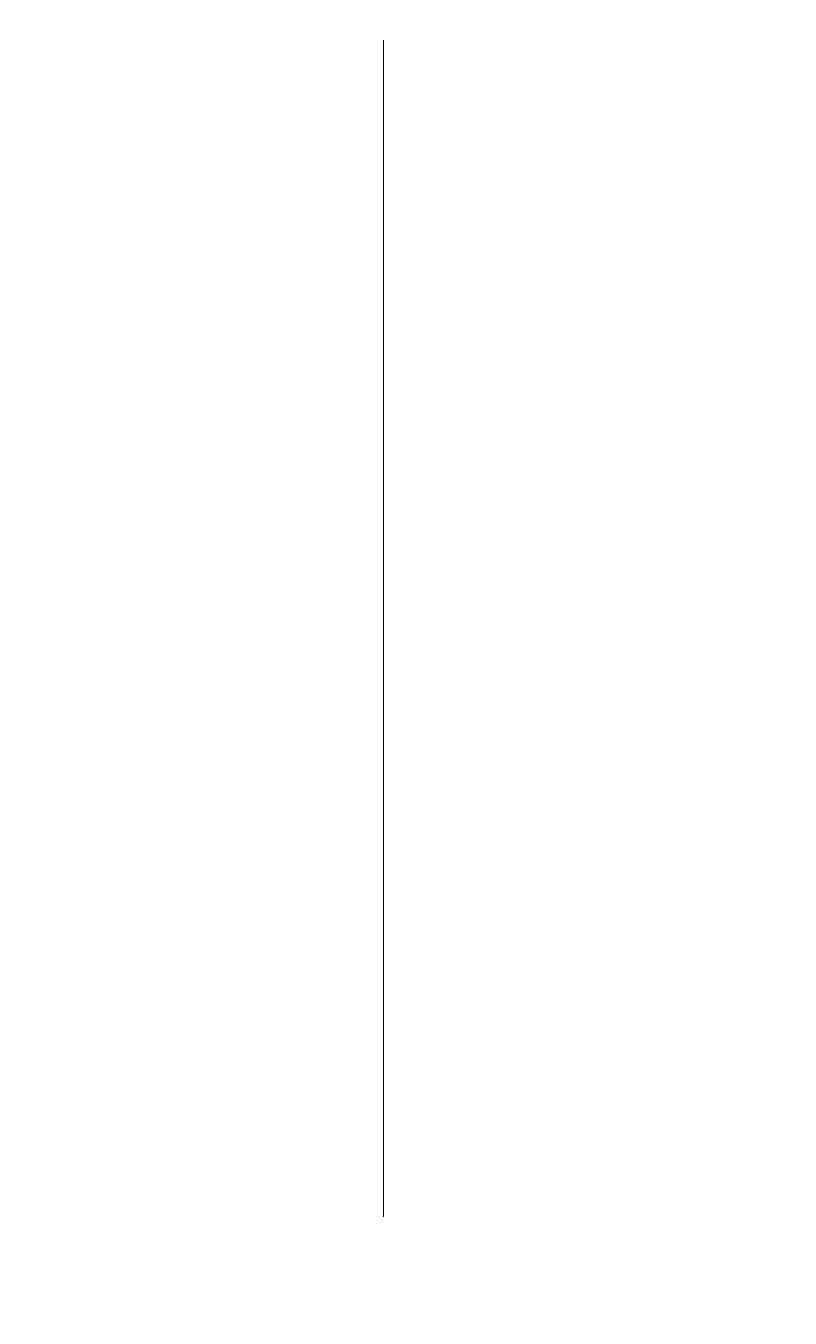
PERSONAL DATA SHEET

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 AB 1. CS ID No. (Do not fil PERSONAL INFORMATION 2. SURNAME **POLIQUIT** NAME EXTENSION (JR., SR) JOSEPH REY FIRST NAME **FERNANDEZ** MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP FII IPINO OCTOBER 03, 1998 (mm/dd/yyyy) 4. PLACE OF BIRTH **BAYBAY CITY** If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX М 17. RESIDENTIAL ADDRESS 021 KIGA 6 CIVIL STATUS SINGLE House/Block/Lot No Street N/A SAN ISIDRO Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 170 City/Municipality Province 8. WEIGHT (kg) 78 ZIP CODE 18. PERMANENT ADDRESS 021 KIGA 9. BLOOD TYPE 0+ House/Block/Lot No. Street SAN ISIDRO N/A 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. N/A Citv/Municipality Province 12. PHILHEALTH NO. ZIP CODE N/A 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO. 20. MOBILE NO. N/A 09510348086/ 09158616924 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if anv) FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIF NAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A MIDDLE NAME N/A N/A OCCUPATION N/A N/A EMPLOYER/BUSINESS NAME N/A N/A **BUSINESS ADDRESS** N/A N/A TELEPHONE NO. N/A 24 FATHER'S SURNAME **POLIQUIT** NAME EXTENSION (JR., SR) FIRST NAME JOSEPH REY MIDDLE NAME **MASCARENAS** 25. MOTHER'S MAIDEN NAME SURNAME **FERNANDEZ** FIRST NAME LEOPOLDA MIDDLE NAME SUAN (Continue on separate sheet if necessary) BACKGROUND HIGHEST LEVEL/ 26 PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE UNITS EARNED I FVFI (Write in full) (Write in full) GRADUATED From То if not graduated ELEMENTARY STA.CRUZ ELEMENTARY SCHOOL **PRIMARY** GRADUATED 6/27/2005 7/3/2011 2011 **SECONDARY** BAYBAY NATIONAL HIGHSCHOOL HIGHSCHOOL 7/3/2011 7/4/2015 GRADUATED 2015 VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE AND CHEMISTRY GRADUATED 7/7/2015 4/6/2020 2020 GRADUATE STUDIES N/A N/A N/A N/A (Continue on separate sheet if necessary) **SIGNATURE** DATE JUNE 4, 202

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| rised 2017), Page 1 of 4 | J | |
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| V. CIVIL S | ERVICE EL | IGIBILITY | | | | | | | |
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| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE | | RATING | DATE OF EXAMINATION / | / PLACE OF EXAMINATIO | | NFERMENT | LICENSE (if a | pplicable) Date of | |
| BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | | (If Applicable) | CONFERMENT | | | | NUMBER | Validity |
| С | HEMICAL T | ECHNICIAN | | 10/10/2019 | CEBU (| CITY | | 5172 | ####### |
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| V WORK | EXPERIEN | CF. | (Continue | on separate sheet if | necessary) | | | | |
| | | vment. Start from vou | ır recent work) [| Description of duti | es should be indicate | ed in the | | Work Experie | ence shee |
| | SIVE DATES n/dd/yyyy) | POSITION ⁻ | ΓΙΤLE | | AGENCY / OFFICE / | PAY GRA | SALARY/ JOB/ PAY GRADE (if applicable)& | STATUS OF | GOV'T SERVICE (Y/ N) |
| From | То | (Write in full/Do no | t abbreviate) | | MPANY Oo not abbreviate) | SALARY | STEP (Format " 00-0")/ | APPOINTMENT | |
| | 07/30/2018 | LABORATORY | ANALYST | SOCIETE GENERA | LE DE SURVEILLANCE | 5K | INCREMENT N/A | ол | N/A |
| | 10/6/2021 | QUALITY ANALYST/ F | ESEARCH AND | SUBSITECH MANUFACTURING AND | | | | CONTRACTUA | |
| 06/17/2021 | | DEVELOPN LABORATORY | | | CORPORATION 3 SERVICES PHIPPINES | 35K | N/A | CONTRACTUA | N/A |
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| SIGNA | IUKE | | | | DATE | | JUNE | 04, 2022 | |



| VI. V | OLUNTARY WORK OR INVOLVEME | NT IN CIVIC | /NON-GOV | 'ERNMENT / | PEOPLE / VC | DLUNTARY ORGANIZATION/S |
|-------|---|-------------|---------------------------|-----------------------------|---|---|
| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | | /E DATES d/yyyy) To | NUMBER OF HOURS | PC | OSITION / NATURE OF WORK |
| | MUNIPALITY OF BAYBAY | 5/6/2017 | 07/28/2017 | 2 MONTHS | SUMMER JOI | B IN THE MUNICIPALITY OF BAYBAY |
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| | | (Continue | e on separate si | heet if necessal | rv) | |
| | EARNING AND DEVELOPMENT (L& from the most recent L&D/training program a | &D) INTERVE | NTIONS/TR | AINING PRO | OGRAMS ATT | |
| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | | DATES OF DANCE To | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
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| VIII. | OTHER INFORMATION | | | | | |
| 31. | SPECIAL SKILLS and HOBBIES | NON-AC | | NCTIONS / REC e in full) | OGNITION | MEMBERSHIP IN ASSOCIATION/ 33. ORGANIZATION (Write in full) |
| | LEADERSHIP | | | N/A | | N/A |
| | ORAL AND COMMUNICATION | | ١ | N/A | | |
| Р | ROFECIENT IN USING COMPUTER | | | | | |
| | MULTI-TASKING | | | | | |
| | FLEXIBLE | | | | | |
| | PROACTIVE | | | | | |
| | INTEGRITY | | | | | |
| | CIONATIDE | (Continue | on separate si | heet if necessal | | ### 04 0000 |
| | SIGNATURE | | | DA | 4 <i>TE</i> | JUNE 04, 2022 |

| ([| Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be apppoint a. within the third degree? | | | | |
|---|--|--|------------------------------------|--|--|
| ł | o. within the fourth degree (for Local Government | If YES, give details: | | | |
| 35. 6 | a. Have you ever been found guilty of any adminis | If YES, give details | <u>;</u> | | |
| ł | o. Have you been criminally charged before any c | If YES, give details Date Filed: Status of Case/s: |); | | |
| | Have you ever been convicted of any crime or viol ordinance or regulation by any court or tribunal? | If YES, give details: | | | |
| 1 | Have you ever been separated from the service in resignation, retirement, dropped from the rolls, discerm, finished contract or phased out (abolition) in | If YES, give details: | | | |
| t | a. Have you ever been a candidate in a national or the last year (except Barangay election)? b. Have you resigned from the government service | If YES, give details: | | | |
| | period before the last election to promote/actively | If YES, give details: | | | |
| | Have you acquired the status of an immigrant or panother country? | If YES, give details (country): | | | |
| [| Pursuant to: (a) Indigenous People's Act (RA 8371 Disabled Persons (RA 7277); and (c) Solo Parents Are you a member of any indigenous group? | If YES, please specify: | | | |
|). <i>j</i> | Are you a person with disability? | If YES, please specify ID No: | | | |
| ;. <i>j</i> | Are you a solo parent? | If YES, please specify ID No: | | | |
| 41. F | REFERENCES (Person not related by consanguinity or affini | ity to applicant /appointee) | | - | |
| | NAME | ADDRESS | TEL. NO. | | |
| | RYAN G. ANDANAR | TAGUIG, MANILA | 9380187839 | 25 | |
| | MAURICE DAN A. GEROY | MANDAUE, CEBU CITY | 9257337717 | | |
| | KEN EVARDONI | MAKATI, MANILA | 9989666340 | 10000000000000000000000000000000000000 | |
| á | declare under oath that I have personally accome true, correct and complete statement pursuant that I have personally accome a true, correct and complete statement pursuant that regulations of the Republic of the Philippines. The representative to verify/validate the contents state misrepresentation made in this document and its | to the provisions of pertinent I authorize the agency head ed herein. I agree that a | laws, rules l/authorized any | РНОТО | |
| Lice | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's prese, etc.) PLEASE INDICATE ID Number | | | | |
| - | vemment Issued IE PRC ID | | | | |
| ID/License/Passport N 5172 Signature (Sign inside JUNE 04, 202 Date/Place of Issuanc ORMOC CITY, LEYTE | | | 2 | 21112 | |
| L | | Date Accomplis | ned | Right Thumbmark | |
| SUBS | SCRIBED AND SWORN to before me this | , affiant exhibitir | ng his/her validly issued | government ID as indicated above. | |
| | | Person Administerin | g Oath | | |
| | | | | CS FORM 212 (Revised 2017), Page 4 of | |

Yes/No Cstat Gender
Yes Single Male
No Married Female
Separated
Widowed