

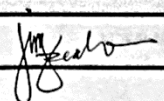
PERSONAL DATA SHEET

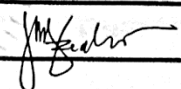
WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.  
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.  
Print legibly. Tick appropriate boxes ( ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION			
2 SURNAME	REALINO		
FIRST NAME	LUCY MARIE	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	DE LA CRUZ		
3 DATE OF BIRTH (mm/dd/yyyy)	04/04/1999	16 CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4 PLACE OF BIRTH	ABUYOG, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines ▼
5 SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	N/A T-CLAUDIO House/Block/Lot No Street N/A BITO Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	ZIP CODE	6510
7. HEIGHT (m)	1.52 m.	18. PERMANENT ADDRESS	N/A T-CLAUDIO House/Block/Lot No Street N/A BITO Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province
8. WEIGHT (kg)	50 kg.	ZIP CODE	6510
9. BLOOD TYPE	O	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09451038320
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	lucymarierealino@gmail.com
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/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	N/A	NAME EXTENSION (JR., SR)	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	REALINO		
FIRST NAME	DIONISIO		
MIDDLE NAME	LORA		
25. MOTHER'S MAIDEN NAME	FELEAH ZAIDA AUSTERO DELA CRUZ		
SURNAME	REALINO		
FIRST NAME	FELEAH ZAIDA		
MIDDLE NAME	DELA CRUZ		
(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	ABUYOG SOUTH CENTRAL SCHOOL	PRIMARY EDUCATION	06/08/2005	07/04/2011	N/A	2011	DESERVING
SECONDARY	NOTRE DAME OF ABUYOG	HIGH SCHOOL	06/09/2011	08/04/2015	N/A	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ARCHITECTURE	06/08/2015	07/03/2020	N/A	2020	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	01/16/2024	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY						LICENSE (if applicable)	
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	NUMBER	Date of Validity	
	ARCHITECT LICENSURE EXAM	73.90%	06/09/2023	MANILA	0057426	04/04/2026	
"NOTHING FOLLOWS"							
(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.							
28	INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-00") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	From To						
	02/03/2021 12/12/2022	APPRENTICE	PJa Architecture and Design	N/A	N/A	N/A	N
"NOTHING FOLLOWS"							
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	01/16/2024		CS FORM 212 (Revised 2017), Page 2 of 4





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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
<b>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>AR. PHILIP JOVEN B. ABE</td> <td>DPWH</td> <td>9177106903</td> </tr> <tr> <td>MICHAEL T. ELECHO</td> <td>VILLA DOLINA, MARASBARAS, TACLOBAN CITY</td> <td>9177041966</td> </tr> <tr> <td>AR. LEONILYN B. HIDALGO</td> <td>EASTERN VISAYAS STATE UNIVERSITY</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	AR. PHILIP JOVEN B. ABE	DPWH	9177106903	MICHAEL T. ELECHO	VILLA DOLINA, MARASBARAS, TACLOBAN CITY	9177041966	AR. LEONILYN B. HIDALGO	EASTERN VISAYAS STATE UNIVERSITY	N/A
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AR. LEONILYN B. HIDALGO	EASTERN VISAYAS STATE UNIVERSITY	N/A											
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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</b></td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>DRIVERSE LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H02-21-001278</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>TACLOBAN CITY</td> </tr> </table>	<b>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</b>		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	DRIVERSE LICENSE	ID/License/Passport No.:	H02-21-001278	Date/Place of Issuance:	TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom; padding-bottom: 10px;">             Signature (Sign inside the box)            01/16/2024         </td> <td style="width: 30%; text-align: center; vertical-align: middle;">             Right Thumbmark         </td> </tr> </table>	 Signature (Sign inside the box) 01/16/2024	 Right Thumbmark
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 Signature (Sign inside the box) 01/16/2024	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>16 JAN 2024</u> , affiant exhibiting his/her validly issued government ID as indicated above.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;">           DOC. NO. <u>1847</u>            PAGE NO. <u>01</u>            BOOK NO. <u>24</u>            SERIES OF 20<u>24</u> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             ATTY. GRACE ANNE ARELLANO DE VERA              PUBLIC ATTORNEY              EX-OFFICIO NOTARY PUBLIC              PURSUANT TO R.A. 9406              Person Administering Oath           </div> </div>													