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 SHI	EET (PDS) BEFORE ACCOM	PLISHING TH	IE PDS FOI	RM.				
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION	() and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT Al	BBREVIATE.		1. CS ID No.		(Do not fill up. F	For CSC use only)	
2. SURNAME	ARTIGAS								
FIRST NAME	ARVIC				NAME EXTENSION (JR	., SR)			
MIDDLE NAME	BUMAGAT								
3. DATE OF BIRTH (mm/dd/yyyy)	4/10/1997	6. CITIZENSHIP ☑ Filipino □ Dual Citizenship □ by birt□ by				ual Citizenship □ by birt□ by r	naturalization		
4. PLACE OF BIRTH	PALOMPON, LEYTE	If holder of dual citizens			country:				
5. SEX	☑ Male ☐ Female	please indicate the deta	ails.					•	
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Hous	se/Block/Lot N	lock/Lot No. Street CANTUHAON				
7. HEIGHT (m)	Other/s:	-	Subdivision/Village PALOMPON			Barangay LEYTE			
8. WEIGHT (kg)	65	ZIP CODE	City/Municipality 653			6538	Province		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	0330						
10. GSIS ID NO.	N/A	-	House/Block/Lot No.		CA	Street CANTUHAON			
		-	Subdivision/Village PALOMPON		Barangay LEYTE				
11. PAG-IBIG ID NO.	121215441536	_	Ci	ty/Municipality		6538	Province		
12. PHILHEALTH NO.	1302-5492-8810	ZIP CODE							
13. SSS NO.	06-4063762-6	19. TELEPHONE NO.	N/A						
14. TIN NO.	N/A	20. MOBILE NO.	0916-945-819			98 / 0970-997-1719			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	arvic			ricartigas@yahoo.com			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI			list all)		TH (mm/dd/yyyy)	
FIRST NAME	N/A	The state of the s		N/A			N/A		
MIDDLE NAME	N/A N/A								
OCCUPATION EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ARTIGAS								
FIRST NAME	JESSIE	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BARRO								
25. MOTHER'S MAIDEN NAME									
SURNAME	BUMAGAT								
FIRST NAME	JOCELYN								
MIDDLE NAME	ALMOROTO			(Co	ontinue on sep	parate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND							COLIOI ADCILIDA	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	CANTUHAON ELEMENTARY SCHOOL	N/A		2003	2009		2009	WITH HONORS	
SECONDARY	CANTUHAON NATIONAL HIGH SCHOOL	N/A		2009	2013		2013	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A		N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY - ISABEL	BACHELOR OF SCIE AGRIBUSINES		2013	2017		2017	Dean's Lister (Summer)	
GRADUATE STUDIES	N/A	N/A		N/A	N/A		N/A	N/A	
	(9	ontinue on separate sheet if neces	ssary)						
SIGNATURE	South	theyas		DA	TE	Feb	ruary 3, 20	22	

CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	plicable)
	SPECIAL LA	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date o
CIVIL SI	ERVICE SUI	BPROFESSIONAL	80.03%	3/18/2018				N/A	N/A
			00.0070	0/10/2010	ORMOO OTT			14/7.4	14/7
WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)		_	_	
clude priva	ate employme	ent. Start from your rece	nt work) Description	on of duties should	be indicated in the attac	hed Work Ex		eet.	
	ISIVE DATES m/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICI
From	То	(Write in full/Do not	abbreviate)	(Write in fu	II/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
5/2/2019	PRESENT	REGISTRAR'S CLE	RK/ICT STAFF		TY INSTITUTE OF HNOLOGY	285.00/day	N/A	CONTRACTUAL	NO
0/10/2017	12/31/2017	ADMINISTRATI	VE AIDE I		UNIVERSITY - ISABEL	280.00/day	N/A	JOB ORDER	YES
									_
			<u> </u>						
		I.	(Cor	ntinue on separate sheet				l	
SIGNA	TURE		Santiagas	·	DATE			ry 3, 2022	
			$() \cup$				C	S FORM 212 (Revised 20	11), Page 1

VI. VO	LUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/\	/OLUNTARY	ORGANIZATI	ON/S	
29.	NAME & ADDRESS OF O (Write in full			/E DATES ld/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A		N/A	N/A	N/A		N/A
VII. LE	EARNING AND DEVELOPMENT (L&D)			sheet if necessary) TTENDED			
	m the most recent L&D/training program and include		e last five (5) years	s for Division Chiel	F/Executive/Manage	rial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTEN	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	Food & Beverage Services Training			To February 24, 2021	356 hours	Technical	Technical Education and Skills Development
	<u> </u>						Authority (TESDA)
VIII. O	THER INFORMATION	(Con	tinue on separate	sheet if necessary)			
31.	SPECIAL SKILLS and HOBBIES						33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	LISTENING TO MUSIC		N/A				
	INTERNET SURFING						
	READING						
		(Con	tinue pn separate	sheet if necessary)			
	SIGNATURE		vartuexas>		DA	ATE	February 3, 2022

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?		Z NO					
b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☐ If YES, give details	Z NO 3:					
35. a. Have you ever been found guilty of any administrative of	fense?	☐ YES ☐ If YES, give details	☑ NO ::				
b. Have you been criminally charged before any court?	☐ YES I If YES, give details Date Filed: Status of Case/s:	☑ NO 5:					
36. Have you ever been convicted of any crime or violation of a by any court or tribunal?	any law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details: ————————————————————————————————————					
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?							
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO If YES, give details:					
b. Have you resigned from the government service during t last election to promote/actively campaign for a national or		☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):						
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma							
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) a. Are you a member of any indigenous group?), please answer the following items:	☐ YES ☑ NO					
		If YES, please specify:					
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:					
c. Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
NAME	ADDRESS	TEL. NO.					
ECEL A. SILVANO	SIMANGAN, ISABEL, LEYTE	0967-849-8028					
MICHELLE P. DE LOS REYES	CANTUHAON, PALOMPON, LEYTE	0908-197-2339					
JOERYNE P. PEREZ	BUENAVISTA, PALOMPON, LEYTE	0935-621-6817					
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.							
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance							
Government Issued ID: POSTAL ID							
ID/License/Passport No.: 124190144577	ID/License/Passport No.: 124190144577 Signature (Sgn inside the both processing of the policy of th						
Date/Place of Issuance: March 25, 2019/ORMOC CITY		Right Thumbmark					
SUBSCRIBED AND SWORN to before me this							
	h						
	Person Administering Oat	T)					