

CS Form No. 212
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 box () 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	SACRO		
FIRST NAME	REYNALDO	JR	
MIDDLE NAME	FRADES		
3. DATE OF BIRTH (mm/dd/yyyy)	05/27/1986	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.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	EMILIO JACINTO House/Block/Lot No. Street ZONE 23 POBLACION Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	6521
8. WEIGHT (kg)	60		
9. BLOOD TYPE		18. PERMANENT ADDRESS	EMILIO JACINTO House/Block/Lot No. Street ZONE 23 POBLACION Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-050079766-6	19. TELEPHONE NO.	N/A
13. SSS NO.	06-2776343-2	20. MOBILE NO.	09227421625 / 09925710804
14. TIN NO.	297-488-479-000	21. E-MAIL ADDRESS (if any)	loloysacro20@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SACRO		23. NAME of CHILDREN (Write full name and list all)	
FIRST NAME	KRISTINE MAE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OBLIGADO			
OCCUPATION	PERSONAL ASSISTANT/ SECRETARY			
EMPLOYER/BUSINESS NAME	ASSESSMENT DIVISION			
BUSINESS ADDRESS	BRGY. LUZ, CEBU CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SACRO			
FIRST NAME	REYNALDO	SR		
MIDDLE NAME	BITOY			
25. MOTHER'S MAIDEN NAME	FRADES			
SURNAME	SACRO			
FIRST NAME	ORTENCIA			
MIDDLE NAME	FUENTES		(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	CARLOS P. GARCIA ELEMENTARY SCHOOL	N/A	GRADE 1	GRADE 6		1998	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A	1ST YEAR	4TH YEAR		2002	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A			
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL ENGINEERING	1ST YEAR	5THE YEAR		2009	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		12/13/23		

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			





(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)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/13/23
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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)?		<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</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>RONEL CAPILITAN</td><td>BAYBAY CITY</td><td>9482957677</td></tr><tr><td>CHRISTINE LOUIE CREDO</td><td>ZAMBOANGA CITY</td><td>9177009435</td></tr><tr><td>JOBET ATIENZA</td><td>ORMOC CITY</td><td>9076079796</td></tr></table>			NAME	ADDRESS	TEL. NO.	RONEL CAPILITAN	BAYBAY CITY	9482957677	CHRISTINE LOUIE CREDO	ZAMBOANGA CITY	9177009435	JOBET ATIENZA	ORMOC CITY	9076079796
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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><div>REYNALDO F. SACRO JR. PHOTO</div></div>												
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>12/13/2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	12/13/2023	Date Accomplished	<table><tr><td><div></div></td></tr><tr><td>Right Thumbmark</td></tr></table>	<div></div>	Right Thumbmark		
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
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