

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	LASQUITES		
FIRST NAME	JEIF JENSEN		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	SEBIAL		
3. DATE OF BIRTH (mm/dd/yyyy)	15/10/1985	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:		
7. HEIGHT (m)	1.542	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street N/A BRGY. SABANG Subdivision/Village Barangay MALITBOG SOUTHERN LEYTE City/Municipality Province
8. WEIGHT (kg)	70	ZIP CODE	6603
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A BRGY. LIBAS Subdivision/Village Barangay SOGOD SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6606
11. PAG-IBIG ID NO.	0110-090818-08	TELEPHONE NO.	NA
12. PHILHEALTH NO.	001-051016611-1	20. MOBILE NO.	09562959060
13. SSS NO.	06-2636893-5	21. E-MAIL ADDRESS (if any)	jeifjensenlasqites@yahoo.com
14. TIN NO.	293-957-273-000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	LASQUITES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JENELINE	NAME EXTENSION (JR., SR) N/A	JHEIDE JHEN R. LASQUITES	04/23/2020
MIDDLE NAME	RAGAS			
OCCUPATION	TEACHER			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF EDUCATION			
BUSINESS ADDRESS	MALITBOG, SO. LEYTE			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	LASQUITES			
FIRST NAME	JAIME	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MAUNES			
25. MOTHER'S MAIDEN NAME				
SURNAME	SEBIAL			
FIRST NAME	HEIDE			
MIDDLE NAME	PRADO			

(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	ACCELERATED CHRISTIAN SCHOOL	PRIMARY EDUCATION	1993	1998	GRADUATED	1998	N/A
SECONDARY	VISCA LABORATORY HIGH SCHOOL	HIGH SCHOOL	1998	2002	GRADUATED	2002	N/A
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN HORTICULTURE	2002	2006	GRADUATED	2006	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01 - 16 - 2020	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

01-16-2023

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
(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)

Start with the most recent EOs training program and include only the relevant EOs training taken for the last five (5) years for Division Chief/Executive/managerial positions)

[illegible]







(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION	
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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-16-2023	CS FORM 212 (Revised 2017), Page 3 of 4
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Mr. REYNALDO R. TERCIÑO</td> <td>TACLOBAN CITY</td> <td>832-7701</td> </tr> <tr> <td>Mr. BRYAN M. LEONOR</td> <td>VSU, VISCA, BAYBAY CITY, LEYTE</td> <td>832-7701</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Mr. REYNALDO R. TERCIÑO	TACLOBAN CITY	832-7701	Mr. BRYAN M. LEONOR	VSU, VISCA, BAYBAY CITY, LEYTE	832-7701			
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<p>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.</p>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto; text-align: center; line-height: 50px;"> Person Administering Oath </div>													