## **PERSONAL DATA SHEET**

	ion made in the Personal Data She	eet and the	Work Experience Sheet sha	all cause the f	iling of adm	inistrative/d	criminal case/s ag	gainst the per	son	
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. (Do not fill up. For CSC use of the control of the contr								or CSC use only)	
I. PERSONAL INFORMATION										
2. SURNAME	FERNANDEZ									
FIRST NAME	RYAN NAME EXTENSION (JR., SR)									
MIDDLE NAME	TAN									
DATE OF BIRTH     (mm/dd/yyyy)	3/28/1992	16. CITIZENSHIP				Dual Citizenship by birth	•			
4. PLACE OF BIRTH	Baybay City, Leyte		If holder of dual citizen	nship, Pls. indicate country:						
5. SEX	✓ Male ☐ F	please indicate the de				•				
6 CIVIL STATUS	✓ Single		17. RESIDENTIAL ADDRESS		PUROK 1 louse/Block/Lot No.			ILAYA Street		
	☐ Widowed ☐ S ☐ Other/s:	Separated		1100	SE/BIOCK/LOLIV	υ.	F	PANGASUGAN		
7. HEIGHT (m)	1.65 M				bdivision/Village Baybay City			Barangay Leyte		
				City/Municipality		Province				
8. WEIGHT (kg)	65 Kg		ZIP CODE				6521			
9. BLOOD TYPE	A+		18. PERMANENT ADDRESS	Hou	PUROK 1 se/Block/Lot N	0.	ILAYA Street			
10. GSIS ID NO.	N/A			Ç.,,	bdivision/Village	I			PANGASUGAN	
11. PAG-IBIG ID NO.	12117180288				Baybay City	9		Barangay <b>Leyte</b>		
			ZIP CODE	City/Municipality		Province 6521-A				
12. PHILHEALTH NO.  13. SSS NO.	13-050172040-7 CRN-0111-8322782-2	19. TELEPHONE NO.				N/A				
14. TIN NO.	478-624-273	20. MOBILE NO.			09					
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		09073107991 ryanfernandez202028@gm					
II. FAMILY BACKGROUND			( - 7)							
22. SPOUSE'S SURNAME				22 NAME of CHI	I DDENI (Write	full name and	lict all\	DATE OF DIDT	"L (mm/dd/ssss)	
		NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all)  N/A				DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	I		N/A				N/A			
MIDDLE NAME		N/A N/A				N/A				
OCCUPATION					N/A					
EMPLOYER/BUSINESS NAME		N/A				N/A				
BUSINESS ADDRESS		N/A		N/A N/A				N/A		
TELEPHONE NO.	N/A							N/A		
24. FATHER'S SURNAME	FERNANDEZ	NAME SYTTEMOON (ID. OD)	N/A			N/A				
FIRST NAME	ISIDRO	NAME EXTENSION (JR., SR)	N/A			N/A				
MIDDLE NAME	GUCELA		N/A				N/A			
25. MOTHER'S MAIDEN NAME				N/A				N/A		
SURNAME	TAN		N/A				N/A			
FIRST NAME	ARCENIA		N/A			N/A		/A		
MIDDLE NAME	MANGCAO				(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGR	ROUND									
26. LEVEL	NAME OF SCHOOL	(Write in full)	BASIC EDUCATION/DEGREE/COI (W	URSE /rite in full)	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	PANGASUGAN ELEMENTARY SC	CHOOL	PRIMARY EDUCATION	ON	6/1/2002	3/31/2008	Graduated	2008	Second Honor	
SECONDARY	ALTERNATIVE LEARNING SYSTEM		HIGH SCHOOL		6/10/2010	3/30/2011	Graduated	2011	N/A	
VOCATIONAL /	N/A		N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSIT	IIVERSITY Bachelor of Science In Ag		ribusiness	6/1/2011	4/22/2015	Graduated	2015	N/A	
SUPPLEMENTAL COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION		Supplementary 18 Education Units		7/8/2019	11/14/2019	Passed	2019	N/A	
		(C	ontinue on separate sheet if nece	ssary)						
SIGNATURE				_	DA	TE				

IV. CIVIL SERVICE ELIGIBILITY									
			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT				NUMBER 20-3891188	Date of Validity
		ional Teacher	PASSED	09/26/2021		Tacloban City			03/28/2025
		I Production NC II	PASSED	9/6/2019		GOLD Farm, Kanipa Baybay City			10/13/2024
Agricultural Crop Production NC II PASSI			PASSED	9/6/2019	GOLD Farm, Ka	GOLD Farm, Kanipa Baybay City			9/8/2024
V WORK F	VEEDIENOE			(Continue on separate	sheet if necessary)				
	XPERIENCE ate employme	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
	SIVE DATES	POSITION TITLE		DEPARTMENT / AGENC	Y / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY	STATUS OF	GOV'T SERVICE
From	m/dd/yyyy) To	not abbrevia	(Write in full/Do	in full/Do	(Write o not abbreviate)	SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	
12/1/2020	Present	TRAINE	R	CHANDRIA IN	NTEGRATED FARM			Contructual	(Y/ N) <b>N</b>
6/8/2020	Present	ADMINISTRATI		Accounting Office,	VSU Visca, Baybay City,			Contructual	Y
4/11/2018	10/10/2018	ELECTION ASS	SISTANT		Leyte tion Officer Baybay City			Contructual	Y
6/1/2016	6/23/2017	System Application Pro			Agriventures Corp.			Regular	N
		,							
				(0.1)					
SIGNA	TURF			(Continue on separate	sheet if necessary)  DATE				
SIGNA	TONL				DATE			CS EODM 212 /Pa	ised 2017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			NUMBER OF HOURS	POSITION / NATURE OF WORK			
	,	From	То				
N/A		N/A	N/A	N/A		N/A	
N/A	N/A			N/A		N/A	
N/A			N/A	N/A		N/A	
N/A		N/A	N/A	N/A		N/A	
N/A		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A		
N/A		N/A	N/A	N/A	N/A		
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING		ATTENDED				
(Start from the most recent L&D/training program and incl	ude only the relevant L&D/training taken	INCLUSIVE		on Chief/Executive		ons)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEI (Write i		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Organic Agricultural Production	NC II Training	9/3/2019	To 10/9/2019	232 Hours	Technical	Gold Farm	
Agricultural Crop Production		7/17/2019	9/6/2019	336 Hours	Technical	Gold Farm	
Korean Language Curriculum for Employment Perr	nit System - Test of Proficiency in	10/29/2018	11/27/2018	50 Hours	Technical		
Korean (Eps-Topil	k)	10/29/2018	11/2//2018	50 Hours	Technical	K-Wave Korean Language Center	
	(0)	inuo on con	phont if nocess	v)			
(Continue on separate sheet if necessary)  VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / F	RECOGNITION	(Write in fo	ull)		MEMBERSHIP IN ASSOCIATION/ORGANIZATION  33. (Write in full)	
Computer						(wite in tall)	
Gardening							
Reading Books and Gospel							
(Continue on separate sheet if necessary)							
SIGNATURE				DA	ATE	CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑	☑ NO				
	b. within the fourth degree (for Local Government Unit - Care	YES Sive details:	Z NO				
35.	a. Have you ever been found guilty of any administrative offe	YES	Z NO				
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:     Date Filed:     Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of an by any court or tribunal?	ry law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, enout (abolition) in the public or private sector?	d of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local electron are secured by the secure and the secure are secured by the secure are secure	ction held within the last year (except	☐ YES If YES, give details	☑ NO			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?		☐ 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	t /appointee)					
	NAME	ADDRESS	TEL. NO.	ID picture taken within			
	NICK FREDDY R. BELLO	VISCA, BAYBAY CITY	9353256803	the last 6 months 3.5 cm. X 4.5 cm (passport size)			
	OLIVER GERBOLINGO	STA. CRUS, BAYBAY CITY	9497608344	With full and handwritten name tag and signature over			
	WILMA NAPIERE	BARANGAY GUADALUPE BAYBAY CITY	9518512884	printed name  Computer generated			
42.	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.						
٥	PLEASE INDICATE ID Number and Date of						
G G	overnment Issued ID: PhilHealth						
IC	//License/Passport No.: 13-050172040-7	Signature (Sign inside the b	ox)				
D	ate/Place of Issuance: Baybay City		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued g	government ID as indicated above.			
		h					