

CS Form No. 212

Revised 2025

## 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 if accomplished through own handwriting. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

## I. PERSONAL INFORMATION

1. SURNAME	DEQUINA		
2. FIRST NAME	JUNEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	OMAPAS		
3. DATE OF BIRTH (dd/mm/yyyy)	07/06/1997	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	BRGY.TAO-TAON INOPACAN, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A Street TAO-TAON Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
7. HEIGHT (m)	1.54 m	ZIP CODE	6522
8. WEIGHT (kg)	68 kg		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A House/Block/Lot No. N/A Street TAO-TAON Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
10. UMID ID NO.	06-4233472-3	ZIP CODE	6522
11. PAG-IBIG ID NO.	1212-4227-5856		
12. PHILHEALTH NO.	1325-2527-4946		
13. PhilSys Number (PSN):	4781-0314-8275-1671	19. TELEPHONE NO.	N/A
14. TIN NO.	356-793-165	20. MOBILE NO.	09094208816
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	junel.dequina0607@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	DEQUINA			
FIRST NAME	GENITO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	VILLAMOR			
25. MOTHER'S MAIDEN NAME				
SURNAME	OMAPAS			
FIRST NAME	VILMA			
MIDDLE NAME	SACAY			

(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	TAO-TAON ELEMENTARY SCHOOL	ELEMENTARY	2004	2010	GRADUATED	2010	N/A
SECONDARY	TINAGO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	GRADUATED	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND TOURISM MANAGEMENT	2014	2018	GRADUATED	2018	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	(wet signature/e-signature/digital certificate)	DATE	11/21/2025
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[illegible]

## V. WORK EXPERIENCE

[illegible]**SIGNATURE****DATE**

11/21/2005



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

[illegible]

(Continue on separate sheet if necessary)

**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**[illegible]

(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)
COOKING	CERTIFICATE OF APPRECIATION FOR HAVING HIGHEST CLIENTS WITH LOAN INCREASE	SOCIETY OF HOSPITALITY AND TOURISM STUDENTS
PLAYING GUITAR	TOP 3 ACCOUNT OFFICER WITH HIGHEST LOAN OUTSTANDING AND MAINTAINED ZERO PAR	VSU ALUMNI ASSOCIATION
WRITING	TOP 5 ACCOUNT OFFICER WITH HIGHEST LOAN OUTSTANDING AND MAINTAINED ZERO PAR IN AREA LEVEL	

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>	(wet signature/e-signature/digital certificate)	<b>DATE</b>	11/01/2025
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<b>34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in Bureau or Department where you will be appointed,</b> a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div>												
<b>35. a. Have you ever been found guilty of any administrative offense?</b>   <b>b. Have you been criminally charged before any court?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div>												
	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
<b>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div>												
<b>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?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>If YES, give details: <b>DUE TO PERSONAL REASONS</b></div>												
<b>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</b>  <b>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?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div>												
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<b>39. Have you acquired the status of an immigrant or permanent resident of another country?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details (country): _____</div>												
<b>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:</b> <b>a. Are you a member of any indigenous group?</b>  <b>b. Are you a person with disability?</b>  <b>c. Are you a solo parent?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify: _____</div>												
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<b>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">NAME</th><th style="width: 35%;">OFFICE / RESIDENTIAL ADDRESS</th><th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th></tr></thead><tbody><tr><td>ARLENE G. FERNANDEZ</td><td>BAYBAY CITY, LEYTE</td><td>09102308934</td></tr><tr><td>MARY ROSELYN S. MONTEMAYOR</td><td>TABANGO, LEYTE</td><td>09094556886</td></tr><tr><td>MAE ANN GECIL R. MATAS</td><td>HINDANG, LEYTE</td><td>09639648712</td></tr></tbody></table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	ARLENE G. FERNANDEZ	BAYBAY CITY, LEYTE	09102308934	MARY ROSELYN S. MONTEMAYOR	TABANGO, LEYTE	09094556886	MAE ANN GECIL R. MATAS	HINDANG, LEYTE	09639648712
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<b>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</b>													
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<p>ABSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"><tr><td style="text-align: center; padding: 10px;">(wet signature/e-signature/digital certificate except for notary public)</td></tr><tr><td style="text-align: center; padding: 5px;">Person Administering Oath</td></tr></table>		(wet signature/e-signature/digital certificate except for notary public)	Person Administering Oath										
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JUNE C. ORONILLA



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