

## 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 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	PROMENTERA		
FIRST NAME	GELIANE	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	LACNO		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 03, 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	MANDAUE CITY, CEBU	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	LOT 6, BLK. 6, House/Block/Lot No. Street PURAVILLE SUBDIVISION, BRGY. BAGONG BUHAY, Subdivision/Village Barangay ORMOC CITY, LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	1.47 m	18. PERMANENT ADDRESS	LOT 6, BLK. 6, House/Block/Lot No. Street PURAVILLE SUBDIVISION, BRGY. BAGONG BUHAY, Subdivision/Village Barangay ORMOC CITY, LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	45 kg	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O	20. MOBILE NO.	0955-547-0386
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	glpromentera@gmail.com
11. PAG-IBIG ID NO.	121266270959		
12. PHILHEALTH NO.	13-252320534-3		
13. SSS NO.	35-0057134-0		
14. TIN NO.	762-261-962		
15. AGENCY EMPLOYEE NO.	1438-CA		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR.)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PROMENTERA			
FIRST NAME	ELEUTERIO	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	JIMENEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	LACNO			
FIRST NAME	HERNESA			
MIDDLE NAME	DINDIN			

(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	ORMOC CITY CENTRAL SCHOOL	ELEMENTARY	07/06/2004	29/03/2010	N/A	2010	ACHIEVER
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	02/06/2010	31/03/2014	N/A	2014	10TH HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	B.S. IN AGRICULTURAL ENGINEERING	02/06/2014	14/06/2019	N/A	2019	LANDBANK GAWAD PATNUBAY SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 3, 2021	CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

## V. WORK EXPERIENCE

[illegible]

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[illegible]

VII. LEARNING AND DEVELOPMENT (L&amp;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)

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

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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? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

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 any law, decree, ordinance or regulation by any court or tribunal? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

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? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

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? ☐ YES ☒ NO

If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country? \_\_\_\_\_

If YES, give details (country): \_\_\_\_\_

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? ☐ 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? \_\_\_\_\_

If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ROBERTO C. GUARTE	VISAYAS STATE UNIVESITY	0917-310-8078
HENRY Y. GOLTIANO	VISAYAS STATE UNIVESITY	0908-686-6102
JULIENNE B. PICATO	MALATE, MANILA	0917-246-0634

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.



PROMENTERA, GELIANE L.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PHILHEALTH**

ID/License/Passport No.: **13-252320534-3**

Date/Place of Issuance: **ORMOC CITY, LEYTE**

*[Signature]*

Signature (Sign inside the box)

March 3, 2021

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath