

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	PIAMONTE		
FIRST NAME	RAIZEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MEANO		
3. DATE OF BIRTH (mm/dd/yyyy)	05/03/1988	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	NAVAL, BILIRAN	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No _____ Street _____ PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.59	ZIP CODE	6521-A
8. WEIGHT (kg)	75	18. PERMANENT ADDRESS	House/Block/Lot No _____ Street _____ PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
9. BLOOD TYPE	O	ZIP CODE	6521-A
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO	1212-1482-8050	20. MOBILE NO.	09772449986
12. PHILHEALTH NO.	13-025317502-9	21. E-MAIL ADDRESS (if any)	raizelmeanopiamonte@gmail.com
13. SSS NO.	06-4343455-7		
14. TIN NO.	477-786-280		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PIAMONTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
	FIRST NAME	PATRICK JOHN			XANDER UZIEL M. PIAMONTE	14/08/2013
	MIDDLE NAME	BELARMINO			EDUARD DUANE M. CAMINONG	03/08/2004
OCCUPATION	ADMINISTRATIVE AIDE IV					
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY					
BUSINESS ADDRESS	VSICA, BAYBAY CITY, LEYTE					
TELEPHONE NO.						
24. FATHER'S SURNAME	MEANO					
	FIRST NAME	EDUARDO				
	MIDDLE NAME	MODINA				
25. MOTHER'S MAIDEN NAME	ASODISEN					
	FIRST NAME	LUNA NGUYEN				
	MIDDLE NAME	DELOS REYES	<i>(Continue on separate sheet if necessary)</i>			

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	VISCA FOUNDATION ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	1994	2000		2000	PRINCIPAL'S LIST
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2000	2005		2005	
VOCATIONAL / TRADE COURSE	ACIDELLA TECHNOLOGY INSTITUTE	HOUSEKEEPING NC II	July 2019	Oct. 2019		2019	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND TOURISM MANAGEMENT	2005	2013		2013	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 6, 2021	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	--	------	-------------	---

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			
	Reinforcing Competencies of Eastern Visayas Tourism Players: FRONT OFFICE OPERATIONS UNDER THE NEW NORMAL	Mach 26, 2021	Mach 26, 2021	6		Department of Tourism Region 8
	Document Tracking System	Nov. 13, 2020	Nov. 13, 2020	3		Visayas State University
	Reassessing Housekeeping Practices During Pandemic: AN APPROACH TO PROTECTING TOURISM STAKEHOLDERS	Aug.26, 2020	Aug.28, 2020	6		Department of Tourism Region 8
	Reinforcing Competencies: HEALTH AND SAFETY GUIDELINES GOVERNING THE OPERATIONS OF ACCOMMODATION ESTABLISHMENTS UNDER THE NEW NORMAL	July 28, 2020	July28, 2020	4		Department of Tourism Region 8
	Infection prevention and Control: Cleaning, Disinfection and Hygiene in Tourism Hospitality Facilities	July 8, 2020	July 9, 2020	6		Department of Tourism Region 8
	Seminar on Hospitality Industry Systems: Point-of-sales and Property Management System	Nov. 16, 2019	Nov. 16, 2019			Visayas State University
	Housekeeping NCII	July 2019	Sept. 2019	436		Acedilla Technology Institute
	Re-orientation on Front Office and Housekeeping Services	Oct. 10, 2018	Oct. 10, 2018	4		Visayas State University
	Effective Customer Service Training	Jan. 24, 2018	Jan. 24, 2018	8		Tourism Office Baybay
	Video production and Promotional Material Seminar	Aug. 3,2013	Aug. 3,2013	4		Visayas State University
	Hospitality and Tourism Education: AN OPPORTUNITY FOR ADVANCEMENT CONFERENCE	Feb. 23, 2013	Feb. 23, 2013	8		Visayas State University
	INDUSTRY PRACTICE	June 2012	Oct. 2012	800		DEPARTMENT OF TOURISM - CAMIGUIN
	FOOD ATTENDANT	Jan. 9, 2011	Jan. 12, 2011	15		APMC CATERING SERVICES
	FRONT DESK OFFICER	Feb 2, 2011	Feb. 5, 2011	20		HOSTEL
	ROOM ATTENDANT	Feb. 20, 2021	Feb. 23, 2011	20		APARTELLE

(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	May 6, 2021	CS FORM 212 (Revised 2017), Page 3 of 4
-----------	---	------	-------------	---

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? YES NO

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? YES NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
APRIL GAYLE V. CALUNANGAN	GUADALUPE, BAYBAY CITY, LEYTE	9175339495
ALICIA M. FLORES	GUADALUPE, BAYBAY CITY, LEYTE	9176341430
NANCY V. DUMAGUING	VSICA, BAYBAY CITY, LEYTE	9268014558

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.



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

Government Issued ID: LICENSE

ID/License/Passport No.: H12-19-002514

Date/Place of Issuance: BAYBAY CITY, LEYTE

Signature (Sign inside the box)

Date Accomplished: May 6, 2021



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

Person Administering Oath