CS Form No. 212 Revised 2017	PERS	50	NAL DAT	A SH	EET	•			
	etation made in the Personal Data Sheet ar	nd the	Work Experience Sheet sha	ll cause the filir	ng of admini	strative/cri	minal case/s again	st the pers	on
concerned. READ THE ATTACHED GU	IDE TO FILLING OUT THE PERSONAL DA	TA SHE	EET (PDS) BEFORE ACCOM	PLISHING THE	PDS FORM				
	oxes (and use separate sheet if necessary. Ir	ndicate	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.	(1	Do not fill up. I	For CSC use onl
I. PERSONAL INFORMA	TION								
2. SURNAME	GRADO								
FIRST NAME	SHERWIN						NAME EXTENSION (JR.,	, SR)	N/A
MIDDLE NAME	GERILLA								
3. DATE OF BIRTH (mm/dd/yyyy)	August 19, 1999		16. CITIZENSHIP		✓.				
4. PLACE OF BIRTH	JULITA, LEYTE		If holder of dual citizenship,			Pls. indicate co			
5. SEX	✓		please indicate the o	etails.	Philippines				_
C CIVIL CTATUC			17. RESIDENTIAL ADDRESS		<u> </u>				
6 CIVIL STATUS					use/Block/Lot N		CA	Street NTO NINO	
					ubdivision/Village			Barangay	
7. HEIGHT (m)	1.77 (m)				JULITA City/Municipality			LEYTE Province	
8. WEIGHT (kg)	64 (kg)		ZIP CODE	6506					
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS	Ho	use/Block/Lot N	0.		Street	
10. GSIS ID NO.	N/A			R	PEAL STREET	•		NTO NINO Barangay	
11. PAG-IBIG ID NO.	N/A				JULITA			LEYTE	
12. PHILHEALTH NO.	13-253327434-3		ZIP CODE	6506	City/Municipality			Province	
13. SSS NO.	N/A		19. TELEPHONE NO.	N/A					
14. TIN NO.	N/A		20. MOBILE NO.	0930904385	5				
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		gra	dosherw	vin96@gmail.c	om_	
II. FAMILY BACKGROU	ND								
22. SPOUSE'S SURNAME	N/A		<u>, </u>	23. NAME of Ch	HILDREN (Write	e full name and	d list all)		OF BIRTH n/dd/yyyy)
FIRST NAME			NAME EXTENSION (JR., SR)	N/A					N/A
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	GRADO								
FIRST NAME	ROMEO		NAME EXTENSION (JR., SR)						
MIDDLE NAME	CAPIYOK								
25. MOTHER'S MAIDEN NAME									
SURNAME	GERILLA								
FIRST NAME	WENIFREDA								
MIDDLE NAME	LANZA				(Co	ntinue on se	parate sheet if necess	ary)	
III. EDUCATIONAL BAC	KGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUAT ED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
EL EMENTA DV	CANTO NINO EL EMENTADY COLLOGO		DDIMA DV EDUOA	TION	00/04/0055	00/00/05:5		0040	

MIDDLE NAME	LANZA				(Continue on Separate Sheet if necessary)				
III. EDUCATIONAL BACKGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC E	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUAT ED	SCHOLARSHIP/ ACADEMIC HONORS
				From	To	RECEIVED			
ELEMENTARY	SANTO NINO ELEMENTARY SCHOOL	PRIMARY EDUCATION		06/01/2006	03/20/2012		2012	N/A	
SECONDARY	CABACUNGAN NATIONAL HIGH SCHOOL	SECONDARY EDUCATION		06/01/2012	03/30/2016		2016	N/A	
VOCATIONAL / TRADE COURSE	CABACUNGAN NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL		06/01/2016	03/30/2018		2018	N/A	
COLLEGE	HOLY SPIRIT FOUNDATION IN TACLOBAN	BACHELOR OF SCIENCE IN CRIMINOLOGY		09/01/2018	05/30/3022		2022		
GRADUATE STUDIES	N/A	N/A		N/A	N/A		N/A	N/A	
(Continue on separate sheet if necessary)									
SIGNATURE		DATE 08/09/2023			CS FORM 212 (Revised 2017), Page 1 of 4				

IV. CIVIL SERVICE ELIGIBILITY										
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE (16 April 19 b)		DATE OF EXAMINATION / PLACE OF EXAMINAT			TION / CONEED	MENT	LICENSE (if app			
		TY / DRIVER'S LICENSE	(If Applicable)	CONFE	RMENT	NT		NUMBER	Date of Validity	
N/A				N/A		N/A			N/A	N/A
	_ 									
	— —									
V_Wor	VD=DI=V		(Con	ntinue on se _l	oarate sheet	t if necessary)				
	XPERIENCE rate employmer	nt. Start from your recen	t work) Descriptio	n of duties	s sho <u>uld</u> l	be indicated in the attach	ed Wo <u>rk E</u> x	perienc <u>e she</u>	et.	
28. INCLU	USIVE DATES nm/dd/yyyy)	POSITION TI	ITLE			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	To	(Write in full/Do not a				I/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
										N/A
N/A	N/A	N/A		N/A			N/A	N/A	N/A	N/A
	<u> </u>									
	 									
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			(Cor	ntinue on ser	narate sheet	t if necessary)				
SIGNA	ATURE		100			08/09/2023		CS FORM 2	212 (Revised 2017), Pa	age 2 of 4
									,,	

29. NAME & ADDRESS OF OF		INCLUSIVE DATES		NUMBER OF HOURS		
(Write in full)		(mm/	(mm/dd/yyyy)			POSITION
NIA			To	AI/A		
N/A		N/A	N/A	N/A		
	(Con	tinue on separate	sheet if necessar	y)		
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING F	PROGRAMS A	ATTENDED			
(Start from the most recent L&D/training program and inclu	de only the relevant L&D/training taken fo	or the last five (5)	years for Division	n Chief/Executive/Ma	anagerial positions)	
		1				
30. TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	ATTE	'E DATES OF NDANCE	NUMBER OF HOURS	Type of LD (Managerial/	
(Write in full)			(mm/dd/yyyy)		Supervisory/ Technical/etc)	
		From	То		·	
N/A		N/A	N/A	N/A	N/A	N/A
<u> </u>				1		
	(Con	tinue on separate	sheet if necessar	y)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DIST		OGNITION		33. MEMI
		(Wr	ite in full)			
GOOD COMMUNICATION SKILL		N/	A			
COMMUNITY ENGAGEMENT						

(Continue on separate sheet if necessary)						
SIGNATURE		DATE	08/09/2023			

/ NATURE OF WORK
N/A
CONDUCTED/ SPONSORED BY (Write in full)
BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A

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 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? b. within the fourth degree (for Local Government Unit - Car 	→ ✓				
	If YES, give details:				
35. a. Have you ever been found guilty of any administrative off	If YES, give details:				
b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a any court or tribunal?					
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, et (abolition) in the public or private sector?	If YES, give details:				
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	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?				
39. Have you acquired the status of an immigrant or permanent	If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May					
a. Are you a member of any indigenous group?	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: Are you a member of any indigenous group?				
b. Are you a person with disability?		If YES, please specify:	<u>✓</u>		
		If YES, please specify I	D No:		
c. Are you a solo parent?		If YES, please specify I	✓ D No:		
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)				
NAME	ADDRESS	TEL. NO.	ID picture taken within		
Lyka T. Artugue	Visca, Baybay City, Leyte	9855688846	the last 6 months 3.5 cm. X 4.5 cm (passport size)		
Chona Tragura	Tacloban City	90715633055	With full and handwritten name tag and signature over printed name		
42. I declare under oath that I have personally accomplished th statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attachm against me.	rules and regulations of the Republic or verify/validate the contents stated herein	f the Philippines. In I agree that any	Computer generated or photocopied picture is not acceptable PHOTO		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
Government Issued ID: DRIVER'S LICENSE					
ID/License/Passport No.: H12-23-000791	ox)				
Date/Place of Issuance:		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	affiant avhibit	ting his/her validly issued a	overnment ID as indicated above.		
SOBSONIBLE AND SWORN TO BEISTE THE THIS _	Person Administering Oath		overnment is as indicated above.		
	1				
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