## **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 SI	HEET (PDS) BEFORE ACCOMP	BBREVIATE		1. CS ID No.		(Do not fill up F	For CSC use only)	
I. PERSONAL INFORMATIO		to the tot applicable. Do NOT A			00 10 110.		X- Alleland	The control of the co	
2. SURNAME	PAPISTOL								
FIRST NAME	KEIRTH PATRICK		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	BRUN								
DATE OF BIRTH     (mm/dd/yyyy)	08/29/1995	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship						
4. PLACE OF BIRTH	MAKATI, CITY	If holder of dual citizer	nship,	80 8 20 7			- %	by naturalization buntry:	
5. SEX	☑ Male ☐ Female	please indicate the de	etails.					-	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		104			RIZAL ST.		
	☐ Widowed ☐ Separated ☐ Other/s:		0	N/A			SAN ANTONIO		
7. HEIGHT (m)	1.7018			division/Village TUNGA	)		Barangay LEYTE		
8. WEIGHT (kg)	68	ZIP CODE	Cit	ty/Municipality		6528	Province		
9. BLOOD TYPE	"A"	18. PERMANENT ADDRESS		104			RIZAL ST.		
10. GSIS ID NO.	N/A			N/A			SAN ANTONIO		
11. PAG-IBIG ID NO.	917265812872	VIII TO THE TOTAL THE TOTAL TO THE TOTAL TOT	Sub	division/Village TUNGA	)		Barangay LEYTE		
	01-250351862	ZIP CODE	Ci	ty/Municipality		6528	Province		
12. PHILHEALTH NO.									
13. SSS NO.	34-7012399-6	19. TELEPHONE NO.				N/A			
14. TIN NO.	714-718-760	20. MOBILE NO.		09672159700  keirthpatrickpapistol@gmail.com					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		keirt	npatrickp	apistol@gma	iii.com		
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME	N/A	Ever a proposition of the	23. NAME of CHI	I DREN /Weise	full name and	list all)	DATE OF RIPT	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	S. I.S. VIII. OF ONI	CONTRACTOR STORE	N/A			I/A	
MIDDLE NAME	N/A	N/A			N/A			I/A	
OCCUPATION	N/A				N/A		N	I/A	
EMPLOYER/BUSINESS NAME	N/A				N/A		N	I/A	
BUSINESS ADDRESS	N/A			N/A		N/A			
TELEPHONE NO.	N/A			N/A			N/A		
24. FATHER'S SURNAME	PAPISTOL	NAME EXTENSION (JR., SR) N/A	N/A		N/A				
FIRST NAME	SERGIO	THE LESS EMPIRES (ME, ON) THAT			N/A N/A		N/A N/A		
MIDDLE NAME	CAPIZ  PACHEI CASPAVI	DDIIN			N/A			I/A	
25. MOTHER'S MAIDEN NAME SURNAME	RACHEL GASPAY	DIVON			N/A			N/A	
FIRST NAME	RACHEL				N/A			I/A	
MIDDLE NAME	GASPAY			(C	ontinue on se	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKS	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	AGUSTIN ABADILLA ELEMENTARY SCHOOL	ELEMENTARY		From 2002	To 2008	GRADUATED	2008	RECEIVED N/A	
SECONDARY	ROSARIO NATIONAL HIGH SCHOOL	HIGH SCHOOL		2008	2012	GRADUATED	2012	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	SAN SEBASTIAN COLLEGE - RECOLETOS DE CAN	TERTIARY EDUCATION/BACHE COMMUNICATIO		2013	2017	GRADUATED	2017	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
	00	(Continue of separate sheet if nec	essary)	ACONTUI	OL DA	10-9			
SIGNATURE	12 Klung	appelled		DA	TE	06	- 10-23	7 2017) Cana 1 - 1 1	

CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF	DI ACE OF EVANDALA	TION / CONEED	RMENT	LICENSE (if ap	
BAR		/S/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT			SHIP I	NUMBER	Date of Validity
CI	/IL SERVICE E	XAMINATION	83.77	MARCH 2, 2025	TACLO	TACLOBAN CITY		011167	N/A
						٥			
WORK E	XPERIENCE		(Co	ntinue on separate sheet if	necessary)				
lude priva	te employmen	t. Start from your recent	work) Description	of duties should be in	ndicated in the attached	Work Exper	salary/JOB/PAY		
	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
/02/2022	PRESENT	OFFICE ST	TAFF	SANGGUNIAN	G BAYAN OFFICE	8000.00	N/A	JO	Y
/30/2019	06/20/2022	FRCJR PROJE	CT OPC	ADMINISTR	ATIVE OFFICER	12000.00	N/A	CONTRACTUAL	N
/14/2017	02/01/2018	KRATOS TECHNITES	CORPORATION	SALES	EXECUTIVE	10000.00	N/A	CONTRACTUAL	N
/01/2016	07/30/2016	TV5 92.3 NE	WS FM		EPARTMENT	N/A	N/A	INTERN	N
/01/2016	05/31/2016	11/2016 GMA NETWORK, INC. ENTERTAINMENT DEPARTMENT		NT DEPARTMENT	N/A	N/A	INTERN	N	
		26%							
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	7000						1		
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2									
SICH	ATURE		(A	ontion on separate sheet	f necessary)  DATE	T ,	56-10	- 25	
SIGN	ATORE	50 St. (9)	Courage	100	DATE	1 0		S FORM 212 (Revised 2	2017), Page 1

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-	GOVERNMENT/	PEOPLE / VO	DLUNTARY C	RGANIZATION	WS		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
*							
_							
		inue on separate s		)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTION	IS/TRAINING PR	INCLUSIVE		1	Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAININ (Write in full)	AINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
			То				
TRAINING PROGRAM FOR THE PRESERVATION AND CONSERVATION STRUCTURES IN THE PHILIPPINES	N OF HERITAGE	05/26/2025	05/27/2025	16.0	TECHNICAL	NATIONAL COMMISSION FOR CULTURE AND THE ARTS	
DEVELOPMENT FRAMEWORK TRAINING AND WORKSH	OP	02/24/2025	02/28/2025	45.0	TECHNICAL	DEPARTMENT OF HUMAN SETTLEMENTS AND URBAN DEVELOPMENT REGION VIII	
TECHNICAL PLANNING ASSISTANCE PROGRAM (TPAP) ENHANCED TR ON CLUP UPDATING/FORMULATION	AINING PACKAGE	06/03/2024	06/08/2024	45.0	TECHNICAL	DEPARTMENT OF HUMAN SETTLEMENTS AND URBAN DEVELOPMENT REGION VIII	
01 000 01 01 01 01 01 01					_		
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	-						
			_				
Pill AVIED DEADLE TOO	(Con	tinue on separate	sheet if necessar	y)	V - V - V - V - V - V - V - V - V - V -		
VIII. OTHER INFORMATION	NON	ACADEMIC DISTI	NCTIONS / DECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES 32.	NUN		le in full)	o.anor		33. (Write in full)	
	1.		The second				
16g -	- 35×94	2.19 p. 10					
	Section 1981						
	241						
						TE MANAGES	
	(Con	tinue on separate	sheet if necessar	γ)			
SIGNATURE	Stephen	mande	<i>a</i> )	Di	ATE	06-10-05	
	0	1 0				CS FORM 212 (Revised 2017), Page 3 of	

		A SHALL BE SHOULD BE SHOUL					
	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,	or recommending authority, or to the supervision over you in the Office,					
	a. within the third degree?	☐ YES ☑					
	b. within the fourth degree (for Local Government Unit - Care		NO				
		If YES, give details:					
35	a. Have you ever been found guilty of any administrative offe	ense?	☐ YES ☑	NO			
00.		If YES, give details:					
	b. Have you been criminally charged before any court?			NO			
			If YES, give details: Date Filed:				
			Status of Case/s:				
36	Have you ever been convicted of any crime or violation of an	ly law, decree, ordinance or regulation by	☐ YES ☐	NO NO			
50.	any court or tribunal?		If YES, give details:	J NO			
37.	Have you ever been separated from the service in any of the	e following modes: resignation,		☑ NO			
	retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	d of term, finished contract or phased out	If YES, give details:	1			
38.	a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	☐ YES	☑ NO			
	Barangay election)?	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	If YES, give details:				
	b. Have you resigned from the government service during th	e three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local	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	ana Carta for Disabled Persons (RA					
10000	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			
b.	Are you a person with disability?		If YES, please specify:				
0.	Are you a person with disability?		If YES, please specify II				
c.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:				
			II 1ES, please specify II	D NO.			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	The second secon					
	NAME	ADDRESS	TEL. NO.				
L	Naomi C. Arcallana	Brgy. San Pedro, Tunga, Leyte	9128665656				
	Sonny G. Mercado	Brgy. Sapa 2, Rosario, Cavite	9762199093				
	Fideleo G. Baac	Brgy. San Antonio, Tunga, Leyte	9568342684				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	KEIRTH PATRICK B. PAPISTOL			
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		8	20			
۱H	LEASE INDICATE ID Number and Date of Issuance	20 1					
Ιŀ	overnment Issued ID: Unified Multi-Purpose ID	Mayuraula)					
	)/License/Passport No.: 0111-9923611-1	Signature (Sign inside the to					
D	ate/Place of Issuance: Taguig City	Date Accomplished		Right Thumbmark			
1	SUBSCRIBED AND SWORN to before me this	JUN 2025 affrant exhibit	ting his/her validly issued g	overnment ID as indicated above.			
3		ATTY A RUAN JUAY, CONTILO	VALENA				
6	Doc. No.: 82; Page No.: 18; Book No.: 2;	NOTARY PUBLIC					
	Page No.: 16;	Valid Un I December 31, 20	25				
-	Book No.: 1	Roll of Attorneys No. 89258   12-					
	Series of 2015.	MCLE Approlations for the					
		209 Blanco St., Bryy. Sto Niño, Tunga		CS FORM 212 (Revised 2017), Page 4 of			