

CS Form No. 212
Revised 2017

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. 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

ESPERIDION

FIRST NAME

HADASSAH

MIDDLE NAME

ADOC

3. DATE OF BIRTH
(mm/dd/yyyy)

FEBRUARY 28, 1998

4. PLACE OF BIRTH

POBLACION, LIBACAO, AKLAN

5. SEX

☐ Male ☒ Female

6. CIVIL STATUS

☒ Single ☐ Married
☐ Widowed ☐ Separated
☐ Other/s:

7. HEIGHT (m)

1.49 meters

8. WEIGHT (kg)

45 kilograms

9. BLOOD TYPE

A +

10. GSIS ID NO.

N/A

16. CITIZENSHIP

☒ Filipino ☐ Dual Citizenship
☐ by birth ☐ by naturalization
Pls. indicate country:

Philippines

If holder of dual citizenship,
please indicate the details.

17. RESIDENTIAL ADDRESS

PAGHARION

House/Block/Lot No. Street

POBLACION

Subdivision/Village Barangay

LIBACAO AKLAN

City/Municipality Province

5602

18. PERMANENT ADDRESS

PAGHARION

House/Block/Lot No. Street

POBLACION

Subdivision/Village Barangay

LIBACAO AKLAN

City/Municipality Province

5602

11. PAG-IBIG ID NO.

N/A

12. PHILHEALTH NO.

13-025558347-7

13. SSS NO.

34-9805177-8

14. TIN NO.

771-428-979

15. AGENCY EMPLOYEE NO.

N/A

19. TELEPHONE NO.

N/A

20. MOBILE NO.

21. E-MAIL ADDRESS (if any)

mjaesperidion@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME

N/A

FIRST NAME

MIDDLE NAME

OCCUPATION

EMPLOYER/BUSINESS NAME

BUSINESS ADDRESS

TELEPHONE NO.

23. NAME of CHILDREN (Write full name and list all)

DATE OF BIRTH
(mm/dd/yyyy)

24. FATHER'S SURNAME

ESPERIDION

FIRST NAME

MANASIS

MIDDLE NAME

TENAZAS

25. MOTHER'S MAIDEN NAME

SURNAME

ADOC

FIRST NAME

JANET

MIDDLE NAME

IDALA

III. EDUCATIONAL BACKGROUND

26. LEVEL

NAME OF SCHOOL
(Write in full)

BASIC EDUCATION/DEGREE/COURSE
(Write in full)

PERIOD OF ATTENDANCE

From To

HIGHEST LEVEL/
UNITS EARNED
(if not graduated)

YEAR GRADUATE
ID

SCHOLARSHIP/
ACADEMIC
HONORS
RECEIVED

ELEMENTARY

LIBACAO CENTRAL ELEMENTARY SCHOOL

ELEMENTARY

6/1/2004 3/1/2010

2010

FIRST
HONORABLE
MENTION

SECONDARY

PARAÑAQUE NATIONAL HIGH SCHOOL-
MAIN

HIGH SCHOOL

6/1/2010 3/1/2014

2014

VOCATIONAL /
TRADE COURSE

N/A

COLLEGE

VISAYAS STATE UNIVERSITY

BACHELOR OF SCIENCE IN NURSING

6/1/2014 6/1/2018

2018

GRADUATE STUDIES

VISAYAS STATE UNIVERSITY

MASTER OF SCIENCE IN DEVELOPMENT
SOCIOLOGY

8/1/2018

30 units

(Continue on separate sheet if necessary)

SIGNATURE

DATE

JULY 29, 2021

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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|---|--|--------------------|--|
| SIGNATURE  | | DATE JULY 29, 2021 | |
|---|--|--------------------|--|

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----------|--------------------|---------------------------|
| | | From | To | | |
| | ADVENTIST MINISTRY TO COLLEGE AND UNIVERSITY STUDENTS -VISAYAS STATE UNIVERSITY CHAPTER (AMiCUS-VSU) | 8/1/2015 | 6/1/2018 | | SECRETARY |
| | ADVENTIST MEDICAL EVANGELISM NETWORK (AMEN) | JUNE 10, 2021 | | | WRITER |
| | PHILIPPINE VOLUNTEER MISSIONARY WRITERS (PVMW) | NOVEMBER 29, 2020 | | | WRITER |
| | TRAPOSE (Travel with a PurPose) MISSIONARIES | 7/1/2019 | | | MISSIONARY |
| | | | | | |
| | | | | | |
| | | | | | |


(Continue on separate sheet if necessary)

[illegible][illegible]

(Continue on separate sheet if necessary)

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|--|---|---|
| JAPANESE SINGING | Plaque of Recognition -Baybay Adventist Women's Ministries Department | |
| SONGWRITING | | |
| PLAYING MUSICAL INSTRUMENTS (Recorder, Guitar, Piano) | | |
| BASIC RADIO BROADCASTING | | |
| MOUNTAINEERING | | |
| LANGUAGE LEARNING | | |
| VOICE OVER | | |

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|---------------|
| SIGNATURE |  | DATE | JULY 29, 2021 |
|-----------|---|------|---------------|

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| <p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | | |
|---|--|---|---------|----------|------------------|-------------------|---------------|------------------------|----------------|---------------|----------------------|--------------------|--|---|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p> | | | | | | | | | | | | | |
| <p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | | |
| <p>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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | | |
| <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | | |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p> | | | | | | | | | | | | | |
| <p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> | | | | | | | | | | | | | |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JOEL REY U. ACOB</td> <td>Ormoc City, Leyte</td> <td>0956 916 1146</td> </tr> <tr> <td>FRANCE ALLAN A. CAVITE</td> <td>Hindang, Leyte</td> <td>0926 751 2891</td> </tr> <tr> <td>CHRISTOPHER A. GALGO</td> <td>Baybay City, Leyte</td> <td></td> </tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | JOEL REY U. ACOB | Ormoc City, Leyte | 0956 916 1146 | FRANCE ALLAN A. CAVITE | Hindang, Leyte | 0926 751 2891 | CHRISTOPHER A. GALGO | Baybay City, Leyte | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
| JOEL REY U. ACOB | Ormoc City, Leyte | 0956 916 1146 | | | | | | | | | | | | |
| FRANCE ALLAN A. CAVITE | Hindang, Leyte | 0926 751 2891 | | | | | | | | | | | | |
| CHRISTOPHER A. GALGO | Baybay City, Leyte | | | | | | | | | | | | | |
| <p>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.</p> | | <div style="border: 1px solid black; padding: 5px;"> <p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number</i></p> <p>Government Issued ID: 13-025558347-7</p> <p>ID/License/Passport No. N/A</p> <p>Date/Place of Issuance: August 4, 2020/Baybay City</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Signature (Sign inside the box)</p> <p>JULY 29, 2021</p> <p>Date Accomplished</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Right Thumbmark</p> </div> | | | | | | | | | | | | |
| <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p> | | | | | | | | | | | | | | |