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	BELISADO
FIRST NAME	RODULFO
NAME EXTENSION (JR., SR)	JR.
MIDDLE NAME	GODOY
3. DATE OF BIRTH (mm/dd/yyyy)	19/11/1996
4. PLACE OF BIRTH	BAYBAY LEYTE
5. SEX	☑ Male ☐ Female
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.63
8. WEIGHT (kg)	91
9. BLOOD TYPE	N/A
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	121232957658
12. PHILHEALTH NO.	N/A
13. SSS NO.	N/A
14. TIN NO.	725-007-235
15. AGENCY EMPLOYEE NO.	00560
16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: Philippines
17. RESIDENTIAL ADDRESS	SITIO COLO (House/Block/Lot No. / Street); BRGY. KAN-IPA (Subdivision/Village / Barangay); BAYBAY (City/Municipality); LEYTE (Province)
ZIP CODE	6521
18. PERMANENT ADDRESS	SITIO COLO (House/Block/Lot No. / Street); BRGY. KAN-IPA (Subdivision/Village / Barangay); BAYBAY (City/Municipality); LEYTE (Province)
ZIP CODE	6521
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09203429869
21. E-MAIL ADDRESS (if any)	rodulfobelisadojr@gmail.com

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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	BELISADO		N/A	N/A
FIRST NAME	RODULFO	NAME EXTENSION (JR., SR) SR.	N/A	N/A
MIDDLE NAME	NER		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	GODOY		N/A	N/A
FIRST NAME	ROSITA		N/A	N/A
MIDDLE NAME	VALENZONA		*(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	BAYBAY I CENTRAL SCHOOL	GRADE 1 TO GRADE 6	2003	2009	N/A	2009	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	1ST YEAR HIGH SCHOOL - 4TH YEAR HIGH SCHOOL	2009	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 14, 2023

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01/24/2022	**PRESENT**	**BAYBAY CITY PAROLE AND PROBATION OFFICE**	**LOCAL GOVERNMENT UNIT BAYBAY**	**6,500.00**	**N/A**	**JOB ORDER**	**Y**
01/10/2018	**01/21/2022**	**BUS TERMINAL AND TRAFFIC MANAGEMENT OFFICER**	**LOCAL GOVERNMENT UNIT BAYBAY**	**9,500.00**	**N/A**	**JOB ORDER**	**Y**
01/04/2016	**01/04/2018**	**BOTICA CAYUNDA STORE CLERK**	**BOTICA CAYUNDA**	**N/A**	**N/A**	**WORKING STUDENT**	**N**

(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 14, 2023

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		
N/A	N/A	N/A	N/A	N/A

(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			
LAND TRANSPORTATION OFFICE SEMINAR-WORKSHOP FOR DEPUTIZED AGENTS AND TRAFFIC MONITORS	03/04/2019	04/04/2019	12 HRS.	TECHNICAL	LAND TRANSPORTATION OFFICERS
TRAINING FOR GLOBALLY COMPETITIVE FUTURE MANAGERS	09/03/2016	09/03/2016	4 HRS.	MANAGERIAL	MR. EUGENE NARRA, MA.Ed

(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)
COMPUTER LITERATE	N/A	N/A
COMMUNICATION SKILLS		
MULTI-TASKING SKILLS		
PLAYING BASKETBALL		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 14, 2023

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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ 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? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:

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

NAME		TEL. NO.
MRS. JO ANN A. DACERA	**SUPERVISOR, BCPPO BAYBAY**	**09173078805**
MR. MEL MORILLO	**BCPPO BAYBAY CITY**	**09207547085**
MR. JERSON COLOCAR	**HEAD, CTMTO BAYBAY CITY**	**09688535935**

PHOTO

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*	
Government Issued ID:	**DRIVER'S LICENSE**
ID/License/Passport No.:	**H12-18-002145**
Date/Place of Issuance:	**LTO BAYBAY CITY LEYTE**

Signature (Sign inside the box)

APRIL 14, 2023

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