

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	DIANO							
FIRST NAME	JOMAR					NAME EXTENSION (JR., SR)		
MIDDLE NAME	OLIVEROS							
3. DATE OF BIRTH (mm/dd/yyyy)	02/01/1999		16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	ALBUERA, LEYTE							
5. SEX	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female							
6 CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE		MYAPI Street					
			House/Block/Lot No.					
			SEGUINON Barangay					
			Subdivision/Village					
7. HEIGHT (m)	1.63		ALBUERA City/Municipality					
8. WEIGHT (kg)	60		LEYTE Province					
9. BLOOD TYPE	A		6542					
10. GSIS ID NO.	N/A		18. PERMANENT ADDRESS ZIP CODE	MYAPI Street				
11. PAG-IBIG ID NO.	N/A			House/Block/Lot No.				
12. PHILHEALTH NO.	N/A			SEGUINON Barangay				
				Subdivision/Village				
13. SSS NO.	N/A		19. TELEPHONE NO.	ALBUERA City/Municipality				
14. TIN NO.	N/A			LEYTE Province				
15. AGENCY EMPLOYEE NO.	N/A			6542				
20. MOBILE NO.	09854468802		21. E-MAIL ADDRESS (if any)					
			dianojomar02@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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DIANO			
FIRST NAME	MATEO JR.	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CONSTANTINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	OLIVEROS			
FIRST NAME	MA. VICTORIA			
MIDDLE NAME	ENERO		(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		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SEGUINON ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	2006	2012	GRADUATED	2012	THIRD HONOR
JUNIOR HIGH SCHOOL	SEGUINON NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL COMPLETER	2012	2016	COMPLETER	2016	7TH IN RANK
SENIOR HIGH SCHOOL	SEGUINON STAND ALONE SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL GRADUATE (HUMANITIES AND SOCIAL SCIENCES)	2016	2019	GRADUATED	2019	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION - MATHEMATICS	2019	2023	GRADUATED	2023	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/06/2023	CS FORM 212 (Revised 2017), Page 1 of 4
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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)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]





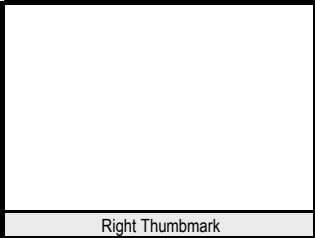
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	BASIC COMPUTER SKILLS		N/A		PAFTE
	BASKETBALL				
	COOKING				

(Continue on separate sheet if necessary)

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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? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>JOSE REDEN T. MORAL</td><td>SEGUINON, ALBUERA, LEYTE</td><td>09690872897</td></tr><tr><td>CYRIL M. SACAY</td><td>CAMBALADING, ALBUERA, LEYTE</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		NAME	ADDRESS	TEL. NO.	JOSE REDEN T. MORAL	SEGUINON, ALBUERA, LEYTE	09690872897	CYRIL M. SACAY	CAMBALADING, ALBUERA, LEYTE				
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JOSE REDEN T. MORAL	SEGUINON, ALBUERA, LEYTE	09690872897											
CYRIL M. SACAY	CAMBALADING, ALBUERA, LEYTE												
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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table><tr><td><div></div><div>Signature (Sign inside the box)</div></td></tr><tr><td>09/06/2023</td></tr><tr><td>Date Accomplished</td></tr></table>	<div></div> <div>Signature (Sign inside the box)</div>	09/06/2023	Date Accomplished					
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	<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													