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	LINA
FIRST NAME	KIM BRIAN
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	MELECIO
3. DATE OF BIRTH (mm/dd/yyyy)	04/051999
4. PLACE OF BIRTH	HILONGOS, LEYTE
5. SEX	☑ Male ☐ Female
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.64
8. WEIGHT (kg)	53
9. BLOOD TYPE	UNKNOWN
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	121312839310
12. PHILHEALTH NO.	13-250506656-5
13. SSS NO.	N/A
14. TIN NO.	617-220-488-00000
15. AGENCY EMPLOYEE NO.	N/A

16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship
If holder of dual citizenship, please indicate the details.	☐ by birth ☐ by naturalization Pls. indicate country:
17. RESIDENTIAL ADDRESS	N/A (House/Block/Lot No.) SITIO PULTA (Street)
	SANTA MARGARITA (Subdivision/Village)
	HILONGOS (City/Municipality) LEYTE (Province)
ZIP CODE	6524
18. PERMANENT ADDRESS	N/A (House/Block/Lot No.) N/A (Street)
ZIP CODE	6524
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09651652804
21. E-MAIL ADDRESS (if any)	kim.lina@vsu.edu.ph

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	LINA			
FIRST NAME	ISIDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CINTO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MELECIO			
FIRST NAME	ERLINDA			
MIDDLE NAME	CAPILI		*(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	STA. MARGARITA ELEMENTARY SCHOOL	ELEMENTARY	6/28/2006	3/31/2012	GRADUATED	2012	WITH HONORS
SECONDARY	STA. MARGARITA NATIONAL HIGH SCHOOL	SECONDARY	6/10/2012	3/28/2016	GRADUATED	2016	WITH HONORS
VOCATIONAL / TRADE COURSE	STA. MARGARITA NATIONAL HIGH SCHOOL	GENERAL ACADEMIC STRAND	4/17/2016	6/26/2018	GRADUATED	2018	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY- MAIN CAMPUS	BACHELOR OF SECONDARY EDUCATION- MAJOR IN SOCIAL STUDIES	6/11/2018	4/7/2022	GRADUATED	2022	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY- MAIN CAMPUS	MASTER OF SCIENCE IN DEVELOPMENT SOCIOLOGY	8/29/2023	N/A	ONGOING	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	

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
LICENSED PROFESSIONAL TEACHER	**87.60**	**9/24/2023**	**TACLOBAN CITY**	**2187317**	**4/5/2027**
HONOR GRADUATE ELIGIBILITY (PD 907)	**N/A**	**5/18/2023**	**CSC RO VIII**	**100108230810**	**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	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To					
9/28/2022	**5/24/2024**	**Part-Time Instructor**	**Visayas State University- Department of Philosophy and Social Sciences**	**13,000-14,400**	**Contractual**	**Y**

(Continue on separate sheet if necessary)

SIGNATURE		DATE	

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) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
NSTP 11c- CIVIC WELFARE TRAINING SERVICE (CWTS)	**9/2/2023**	**5/24/2024**	**5.0**	**TEAM COORDINATOR**

(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) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

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**

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	

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: ☐ YES ☑ NO
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	If YES, give details: ☐ YES ☑ NO
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?	If YES, give details: ☐ YES ☑ NO
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?	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 ☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
JAY C. BANSALE	**MAC ARTHUR, LEYTE**	

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 of Issuance*	
Government Issued ID:	**PhilHealth**
ID/License/Passport No.:	**13-250506656-5**
Date/Place of Issuance:	**March 2022- Baybay, City**

Signature (Sign inside the box)

01-15- 2024

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