CS Form No. 212								
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 () a 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						For CSC use only)	
2. SURNAME	AMIGO							
FIRST NAME	JIM RHODEL					NAME EXTENSION (JR	, SR)	
MIDDLE NAME	PACAÑA							
3. DATE OF BIRTH (mm/dd/yyyy)	08/17/1999	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ✓ by birth ☐ by naturalization			ization		
4. PLACE OF BIRTH	MAHAYAG, ALBUERA, LEYTE	If holder of dual citizer						
5. SEX	✓ Male ☐ Female	please indicate the de	etails. Philippines				•	
6 CIVIL STATUS	✓ Single Married Widowed Separated Other/s: Married	17. RESIDENTIAL ADDRESS	045 House/Block/Lot No. N/A			N/A Street MAHAYAG Barangay		
7. HEIGHT (m)	1.6		-	ALBUERA)		LEYTE	
8. WEIGHT (kg)	50	ZIP CODE	U	ity/Municipality		6542	Province	
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		N/A			N/A	
10. GSIS ID NO.	N/A			se/Block/Lot No N/A			Street MAHAYAG	
11. PAG-IBIG ID NO.	121319577418			ALBUER			Barangay LEYTE	
12. PHILHEALTH NO.	13-250286187-9	ZIP CODE	UI.	ity/Municipality		6542	Province	
13. SSS NO.	06-4580655-9	19. TELEPHONE NO.	N/A					
14. TIN NO.	643287651	20. MOBILE NO.			097	5 149 0433		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jramigo44@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/dc			ΓΗ (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	AMIGO	NAME EXTENSION (JR., SR)						
FIRST NAME	PERCIVAL MANDRAS							
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	MANUAN							
SURNAME	PACAÑA							
FIRST NAME	EMELITA							
MIDDLE NAME	DUMAY			(Continue on separate sheet if neces			ssary)	
III. EDUCATIONAL BACKGR								
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	
ELEMENTARY	MAHAYAG ELEMENTARY SCHOOL	BASIC EDUCATION		07/04/2006	03/30/2012	GRADE 6	2012	VALEDICTORIA N
SECONDARY	DAMULAAN NATIONAL HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES		07/12/2012	03/09/2018	GRADE 12	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES		08/05/2018	08/12/2022	4TH YEAR	2022	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN DEVELOPMENT SOCIOLOGY		01//2024	PRESENT	21 UNITS	N/A	N/A
SIGNATURF	(0		inue on separate sheet if necessary)		TF	December 12, 2024		

IV. CIVIL SE	ERVICE ELIG	BILITY							
SPECIAL LAWS/ CES/ CSEE		RATING	DATE OF	DI ACE OF EVAMINA	TION / CONFERMENT		LICENSE (if ap	1	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
Licen	nsure Examina	tion for Teachers	85.6	03/19/2023	Tacloban City, Leyte			2066570	07/10/2023
Civil S	ervice Honor (Graduate Eligibility	duate Eligibility N/A 03/22/2023 CSC RO VIII (Palo, Leyte)			100108230505	08/12/2022		
			*	****NOTHING FOLL	OWS****				ī
V WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
	JSIVE DATES m/dd/yyyy) To	POSITION T (Write in full/Do not		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)
08/12/2024	12/13/2024	Part-time Ins	tructor		Philosophy and Social	15000.00	N/A	Part-time	Υ
01/15/2024	06/24/2024	Part-time Ins	tructor	Department of F	es - VSU Main Philosophy and Social es - VSU Main	15000.00	N/A	Part-time	Y
08/16/2023	12/20/2023	Part-time Ins	tructor	Department of F	Philosophy and Social es - VSU Main	13000.00	N/A	Part-time	Y
05/15/2023	07/10/2023	Call Center	Agent		oundever	15000.00	N/A	Temporary	N
		L	*	****NOTHING FOLL	DWS****	ı			
			(Cor	ntinue on separate sheet	if necessary)				
SIGNATURE DATE 12/12/2024									

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A		N/A	
VII. LEARNING AND DEVELOPMENT (L&D)		ntinue on separate s					
(Start from the most recent L&D/training program and include				/Executive/Manager	rial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)		INCLUSIVE ATTEN (mm/di		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Seminar-Workshop on Enhancing the Gend	ler and Society Curriculum	03/20/2024	03/20/2024	8 Hours	TECHNICAL	Gender Resource Center	
Building Automated Forms with MS	Word and MS Excel	04/06/2024	04/06/2024	8 Hours	TECHNICAL	Department of Information and Communications Technology Region V	
Globe Business E-SKWELA 2024: Navigating the Fo	uture of Education Through Digital	04/30/2024	04/30/2024	4 Hours	TECHNICAL	Globe BUSINESS	
Basic Computer Lite	racy	04/15/2024	04/25/2024	80 Hours	TECHNICAL	ELTECH LEARNING HUB	
Online Training on the 4Rs of Women and Children F Reporting, and Refer		05/01/2024	05/31/2024	(Asynchronous)	TECHNICAL	Child Protection Network Foundation and National Teacher Training for the Health Professions	
		****NOTHING FO	DLLOWS****	•			
	(Con	ntinue on separate s	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)						
DRAWING AND PAINTING	COUNCIL PRESIDENT OF CHRIST LUTHERAN CHURCH - MAHAYAG YOUTH PRESIDENT OF CHRIST LUTHERAN						
READING BOOKS						CHURCH - MAHAYAG	
PLAYING BADMINTON	SK COUNCILO					SK COUNCILOR OF BARANGAY MAHAYAG	
*****NOTHING FOLLOWS*****							
SIGNATURE	(Con	unue on separate s	inue on separate sheet if necessary) DATE 12/12/2024				
ORDITATIONE				DAIL		, .2/2027	

 Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Call 	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative of	☐ 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 a any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?		☐ YES ☑ NO If YES, give details:				
 a. Have you ever been a candidate in a national or local ele Barangay election)? b. Have you resigned from the government service during t election to promote/actively campaign for a national or local 	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas 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 applica	int /appointee)					
NAME	ADDRESS	TEL. NO.				
JAY C. BANSALE	BAYBAY CITY, LEYTE	0948 976 2630				
MARIA FRENCHIE VI REGINO	CEBU CITY, CEBU	0933 676 9371				
ELROMER S. TARIPE	ORMOC CITY, LEYTE	0992 710 0459				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation per philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: National ID						
ID/License/Passport No.: 4597-5826-3749-0854	Pagenet No.: 4597 5926 2749 0954					
Date/Place of Issuance: 08/06/2022 Mahayag, Albuera, Leyte	Signature (Sign inside the b 12/12/2024 Date Accomplished	iox)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	Date Accomplished					
	Person Administering Oat	ih				