

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	TAN			
FIRST NAME	VASELLE JHADE		NAME EXTENSION (JR., SR)	
MIDDLE NAME	LATORENO			
3. DATE OF BIRTH (mm/dd/yyyy)	05/01/2001	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	BAYBAY CITY, LEYTE			
5. SEX	<input checked="" type="checkbox"/> Male <input 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	C. ARELLANO		
		House/Block/Lot No. Street		
		POBLACION ZONE 5		
		Subdivision/Village Barangay		
7. HEIGHT (m)	1.72	BAYBAY LEYTE		
8. WEIGHT (kg)	56	City/Municipality Province		
9. BLOOD TYPE	O	6521		
10. GSIS ID NO.		18. PERMANENT ADDRESS        ZIP CODE	C. ARELLANO	
11. PAG-IBIG ID NO.	121328453459		House/Block/Lot No. Street	
12. PHILHEALTH NO.	13-250360806-9		POBLACION ZONE 5	
			Subdivision/Village Barangay	
13. SSS NO.		19. TELEPHONE NO.	BAYBAY LEYTE	
14. TIN NO.	633-793-482-00000		City/Municipality Province	
15. AGENCY EMPLOYEE NO.			6521	
		20. MOBILE NO.	09976673033	
		21. E-MAIL ADDRESS (if any)	jhade.tan39@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	NAME EXTENSION (JR., SR)		
	MIDDLE NAME			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	TAN			
	FIRST NAME	BASILIO Jr.		
	MIDDLE NAME	ESPINOSA		
25. MOTHER'S MAIDEN NAME				
	LATORENO			
	JOAN			
	LORETO			

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	BAYBAY I CENTRAL SCHOOL	PRIMARY EDUCATION	2007	2013		2013	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2013	2017		2017	
	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	2017	2019		2019	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF PHYSICAL EDUCATION	2019	2023		2023	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 1 of 4
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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
	license Professional Teacher	82.0	March 17 2024	Tacloban City	2217151	05/01/2027

(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						
15/08/2023	20/12/2023	INSTRUCTOR	INSTITUTE OF HUMAN KINETICS VISAYAS STATE UNIVERSITY	17000.00		PART-TIME	

(Continue on separate sheet if necessary)

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## 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		

(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			

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	FOOTBALL			
	FUTSAL			
	COMPUTER LIRERATE			
	WILLING TO LEARN			

(Continue on separate sheet if necessary)

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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> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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><b>EDILBERTO A. ARTIGA JR. II</b></td> <td><b>GUADALUPE BAYBAY CITY, LEYTE</b></td> <td><b>9383744332</b></td> </tr> <tr> <td><b>CARLO B. TULIN</b></td> <td><b>BITANHUAN BAYBAY CITY, LEYTE</b></td> <td><b>9155627284</b></td> </tr> <tr> <td><b>WARREN B. MIRAFLOR</b></td> <td><b>KILIM BAYBAY CITY, LEYTE</b></td> <td><b>9273262694</b></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	<b>EDILBERTO A. ARTIGA JR. II</b>	<b>GUADALUPE BAYBAY CITY, LEYTE</b>	<b>9383744332</b>	<b>CARLO B. TULIN</b>	<b>BITANHUAN BAYBAY CITY, LEYTE</b>	<b>9155627284</b>	<b>WARREN B. MIRAFLOR</b>	<b>KILIM BAYBAY CITY, LEYTE</b>	<b>9273262694</b>
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<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>													

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	<b>NATIONAL ID</b>
ID/License/Passport No.:	<b>3570-2638-5315-0752</b>
Date/Place of Issuance:	<b>02/12/2022/ BAYBAY CITY,LEYTE</b>

Signature (Sign inside the box)
Date Accomplished

ID picture taken within the last 6 months  
3.5 cm. X 4.5 cm  
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath