

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	DAVIS		
FIRST NAME	IVAN		NAME EXTENSION (JR., SR)
MIDDLE NAME	ONG		
3. DATE OF BIRTH (mm/dd/yyyy)	06/15/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	
7. HEIGHT (m)	1.73m	17. RESIDENTIAL ADDRESS	MAHARLIKA HIGHWAY Street SAN ISDIRO Barangay LEYTE City/Municipality Province
8. WEIGHT (kg)	90kg	ZIP CODE	6512
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	MAHARLIKA HIGHWAY Street SAN ISDIRO Barangay LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6512
11. PAG-IBIG ID NO.	1211-5140-9299	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025100161-9	20. MOBILE NO.	09081487846 / 09554270649
13. SSS NO.	06-2883286-7	21. E-MAIL ADDRESS (if any)	davisivan1915@gmail.com
14. TIN NO.	277-371-095-000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

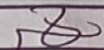
22. SPOUSE'S SURNAME	DAVIS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANNVIE MARY	NAME EXTENSION (JR., SR)	THEA XANTHE DALANON DAVIS	10/09/2012
MIDDLE NAME	DALANON		DYLAN URITH DALANON DAVIS	11/17/2015
OCCUPATION	TEACHER		AIDEN LUCAS DALANON DAVIS	07/22/2020
EMPLOYER/BUSINESS NAME	DEPED			
BUSINESS ADDRESS	GOVERNMENT CENTER, CANDAHUG, PALO LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DAVIS			
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABUEVA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ONG			
FIRST NAME	IMELDA			
MIDDLE NAME	TING			

(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	MAHAPLAG CENTRAL SCHOOL	PRIMARY SCHOOL	1996	2002	GRADUATED	2002	NONE
SECONDARY	EAST VISAYAN ADVENTIST ACADEMY	HIGH SCHOOL	2002	2006	GRADUATED	2006	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU- MARITIME EDUCATION TRAINING CENTER	BACHELOR OF SCIENCE IN MARINE TRANSPORTATION	2006	2009	GRADUATED	2011	NONE
	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	BACHELOR OF SECONDARY EDUCATION (UNIT EARNER)	2022	2023	24 UNITS	2023	NONE


(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/26/2024
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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
	CAREER SERVICE PROFESSIONAL	81.46%	MARCH 26, 2023	ORMOC CITY, LEYTE	N/A	N/A
	LICENSURE EXAMINATION FOR TEACHERS	80%	SEPTEMBER 24, 2023	TACLOBAN CITY, LEYTE	N/A	N/A

(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)			
SIGNATURE		DATE	01/20/2024

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[illegible]

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

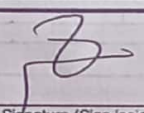
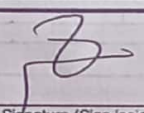
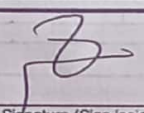






[illegible]

VIII. OTHER INFORMATION

[illegible]**SIGNATURE**

DATE _____

01/26/2024

<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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ROWENA LEI LIPARDO</td> <td>MAHAPLAG, LEYTE</td> <td>9062478278</td> </tr> <tr> <td>SHEENA TAN</td> <td>ABUYOG, LEYTE</td> <td>9603061306</td> </tr> <tr> <td>JASON TARIAO</td> <td>ORMOC CITY, LEYTE</td> <td>9088815336</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ROWENA LEI LIPARDO	MAHAPLAG, LEYTE	9062478278	SHEENA TAN	ABUYOG, LEYTE	9603061306	JASON TARIAO	ORMOC CITY, LEYTE	9088815336
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PASSPORT</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>P7309023A</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>05/24/2018 / DFA TACLOBAN</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:	PASSPORT	ID/License/Passport No.:	P7309023A	Date/Place of Issuance:	05/24/2018 / DFA TACLOBAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 01/26/2019 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 01/26/2019 Date Accomplished	
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													