

# PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases against the person concerned.

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Use English. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAMES	SOLANO		
FIRST NAME	ROSLYN	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	TARCUAS		
3. DATE OF BIRTH (mm/dd/yyyy)	02/15/1996	16. CITIZENSHIP	<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	BUNGA, BAYBAY CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input 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	PURKOT 7 House/Block/Lot No. Street BUNGA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.6 m	ZIP CODE	6521
8. WEIGHT (kg)	57 kg	18. PERMANENT ADDRESS	PURKOT 7 House/Block/Lot No. Street BUNGA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6521
10. CSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	i212-5567-0206	20. MOBILE NO.	09755737285
12. PhilHEALTH NO.	1302-5540-1328	21. E-MAIL ADDRESS (if any)	roslyn.solano22@gmail.com
13. SSS NO.	06-4374812-9		
14. TIN NO.	749-128-668-000		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

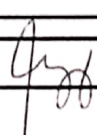
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR.) N/A	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SOLANO			
FIRST NAME	PEPITO	NAME EXTENSION (JR., SR.) N/A		
MIDDLE NAME	FLOMENTERA			
25. MOTHER'S MAIDEN NAME	TARCUAS			
SURNAME	SOLANO			
FIRST NAME	FELICISIMA			
MIDDLE NAME	TARCUAS			

(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	BUNGA ELEM SCHOOL	PRIMARY	2002	2008		2008	1st
SECONDARY	VSULHS	SECONDARY	2008	2012		2012	w/ Honor
VOCATIONAL / TRADE COURSE							
COLLEGE	WISCONSIN STATE UNIVERSITY	TERTIARY/BCED	2012	2016		2016	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/03/2021
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	09/07/2021
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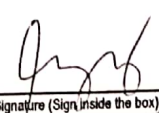
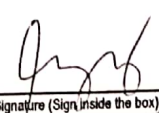
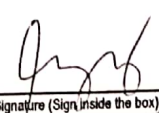

[illegible]**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**[illegible]

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	<i>[Signature]</i>	DATE	04/03/2021

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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> <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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JOVIE MARIEL DEGOKIO</td> <td>VSU LHS</td> <td></td> </tr> <tr> <td>SHALOM GRACE SUGANO</td> <td>VSU LHS</td> <td></td> </tr> <tr> <td>NANCY DONAYKE</td> <td>VSU LHS</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JOVIE MARIEL DEGOKIO	VSU LHS		SHALOM GRACE SUGANO	VSU LHS		NANCY DONAYKE	VSU LHS	
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JOVIE MARIEL DEGOKIO	VSU LHS												
SHALOM GRACE SUGANO	VSU LHS												
NANCY DONAYKE	VSU LHS												
<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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: PRC</td> </tr> <tr> <td>ID/License/Passport No.: 1427 911</td> </tr> <tr> <td>Date/Place of Issuance: JACOBAN 12/01/2016</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: PRC	ID/License/Passport No.: 1427 911	Date/Place of Issuance: JACOBAN 12/01/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; vertical-align: bottom; text-align: center;">             Signature (Sign inside the box)            SEPT 07, 2021            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) SEPT 07, 2021 Date Accomplished						
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<div style="text-align: center;">   <b>ROSLYN T. SOLANO</b> </div> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 5px;">Right Thumbmark</div>													
<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: 250px; height: 60px; margin: 10px auto;"></div> <div style="text-align: center; margin-top: 5px;">Person Administering Oath</div>													