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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes] and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. I. PERSONAL INFORMATION MONTES 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME DIANA MIDDLE NAME TOCO 3. DATE OF BIRTH 16. CITIZENSHIP Dual Citizenship Filipino 08 / 28 / 1996 (mm/dd/yyyy) by birth by naturalization Pls. indicate country: 4. PLACE OF BIRTH If holder of dual citizenship. BAYBAY CITY LEYTE please indicate the details V 5 SEX Female Male 718 M.L. QUEZON OT., COR. M. H. DEL PILAR UT. ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Widowed Separated DOMINGO C. VELOCO Other/s: Barangay Subdivision/Village LEYTE 7. HEIGHT (m) MYBAY CITY 1.45 m City/Municipality 8. WEIGHT (kg) U521 ZIP CODE 73 Kgs 718 M.L. QUEZON JT., COR. M.H. DEL PILAR ST. 18. PERMANENT ADDRESS 9. BLOOD TYPE A House/Block/Lot No. VELASO DOMINGO C. 10 GSIS ID NO NIA Subdivision Village Barangay LEYTE PRYBAY CITY 11. PAG-IBIG ID NO. 1212 - 4912 - 4708 City/Municipality Province 12. PHILHEALTH NO 13 - 025516851 - 8 ZIP CODE 6521 13 SSS NO 06 - 4282399 - 1 19. TELEPHONE NO. (057) 563 - 9530 14 TIN NO. 751 - 884 - 125 20. MOBILE NO. 0939 102 1529 0936 9536 869 15. AGENCY EMPLOYEE NO. stephenmontes 012345@ gmail. com 21 F-MAIL ADDRESS (if any) II. FAMILY BACKGROUND 22 SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NIA NAME EXTENSION (JR., SR) FIRST NAME AlA MA MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO 24. FATHER'S SURNAME MONTES AME EXTENSION (JR., SR) FIRST NAME DANICO MIDDLE NAME CANDINATO 5 MOTHER'S MAIDEN NAME TOCO SURNAME ECMERALDA FIRST NAME

MIDDLE NAME	BORLEO			(Continue on separate sheet if necessary)					
II. EDUCATIONAL BACKG	ROUND				16 M		40.00 - 20		
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27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LÁWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMIN	ATION / CONFERMENT		LICENSE (if a	pplicable) Date of
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N. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC THOM-GOT			RGANIZATION			
29 NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm	INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK		
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/I	RAINING PROGRAMS AT	TENDED				
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30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING (Write in full)	PROGRAMS ATTE	NDANCE /dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
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VIII. OTHER INFORMATION	9A) VI					
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DIS	TINCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
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34.	Are you related by consanguinity or affinity to the by inting chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	YES YES If YES, give deta	☑ NO ☑ NO ails:				
35.	a. Have you ever been found guilty of any administrative offe	YES If YES, give deta	☐ 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 an any court or tribunal?	YES If YES, give deta	✓ NO sils:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?		YES NO If YES, give details: RESIGNATION DUE TO COVID-19 PANDEMIC				
38.	a. Have you ever been a candidate in a national or local election)?	☐ YES NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (∞untry):					
a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES If YES, please speci ☐ YES If YES, please speci ☐ YES ☐ YES If YES, please speci	fy ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant la	appointee)					
	NAME	ADDRESS	TEL NO.				
1	MARILOU E. MALQUISTO	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	09770021928				
A	.ELENA D. DICO	LANDBANK OF THE PHILIPPINES, A. BONIFACIO ST. , BAYBAY CITY, LEYTE	(053) 563-9218				
	HAROLD M. MORI	SUSON CORILLO PARQUE AND COMPANY, FUENTE BUMEÑA ST., CLEM CITY, CEBU	254 - 5469				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the lentative to verify/validate the contents state	Republic of the ed herein.				
Government Issued ID (in Passport, GSIS, SSS, PRC, Driver's Lucense, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHIL HEALTH							
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	SUBSCRIBED AND SWORN to before me this	, affiant exhibiting Oat		d government ID as indicated above.			