CS Form No. 212							
Revised 2017	PERS	ONAL DA	TA S	SHEET			
	tion made in the Personal Data Si	heet and the Work Experienc	e Sheet sh	all cause the filing of admir	nistrative/crin	ninal case/s ag	ainst the
person concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE P <u>DS FORM.</u>							
) and use separate sheet if neces	sary. Indicate N/A if not applicab	le. DO NOT	ABBREVIATE. 1. CS ID No.		(Do not fill up. For	CSC use only)
I. PERSONAL INFORMATIO							
2. SURNAME	ALBERIO				NAME EXTENSI	ON (IR SR)	
FIRST NAME	JAKE DENVER				TO TWIE EXTENSI	orr (or a., orr)	N/A
MIDDLE NAME							
3. DATE OF BIRTH (mm/dd/yyyy)	08-27-1998	16. CITIZENSHIP		☐ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization			ization
4. PLACE OF BIRTH	MAMBURAO	If holder of dual citizenship,		Pls. indicate country:			
5. SEX	Male Female	please indicate the details.					•
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS		House/Block/Lot No.		Street	
	☐ Widowed ☐ Separated ☐ Other/s:						
7. HEIGHT (m)		-		Subdivision/Village		Barangay	
8. WEIGHT (kg)		ZIP CODE		City/Municipality		Province	
		18. PERMANENT ADDRESS					
9. BLOOD TYPE				House/Block/Lot No.		Street	
10. GSIS ID NO.				Subdivision/Village		Barangay	
11. PAG-IBIG ID NO.				City/Municipality		Province	
12. PHILHEALTH NO.		ZIP CODE					
13. SSS NO.		19. TELEPHONE NO.					
14. TIN NO.		20. MOBILE NO.					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)					
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME of C	CHILDREN (Write full name and lis	all)	DATE OF BIRTH	l (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)					
MIDDLE NAME							
OCCUPATION							
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
24. FATHER'S SURNAME							
FIRST NAME		NAME EXTENSION (JR., SR)					
MIDDLE NAME							
25. MOTHER'S MAIDEN NAME							
SURNAME							
FIRST NAME							
MIDDLE NAME				(Continue on separa	te sheet if neces	ssary)	
III. EDUCATIONAL BACKG	ROUND						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COL (W	URSE /rite in full)	PERIOD OF ATTENDANCE From To	LEVEL/ UNITS	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY							
SECONDARY							
VOCATIONAL /					1		
COLLEGE					1		
GRADUATE STUDIES					<u> </u>		
		(Continue on separate sheet if	necessary)				
SIGNATURE				DATE			

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING PECIAL LAWS/ CES/ CSEE RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT				LICENSE (if applicable)				
		BEE BILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	EXAMINATION / CONFERMENT		NUMBER	Date of Validity
		Works	stuff						
V WORK	EVDEDIENG		(Continu	ue on separate sheet if n	ecessary)				
	EXPERIENC	;E nent. Start from your re	cent work) Descrip	otion of duties shou	ld be indicated in the a	ttached V	Vork Experi	ence sheet.	
28. INCLU	JSIVE DATES	POSITION TITLE			Y / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)&	STATUS OF	SERVICE
From	m/dd/yyyy)	not abbrevi	(Write in full/Do ate)	(Write in full/I	Do not abbreviate)	SALARY	STEP (Format "00-0")/	APPOINTMENT	
FIOIII	То						INCREMENT		
			(Continu	ue on separate sheet if n	ecessary)				
SIGNA	ATURE				DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT I			T/PEOPLE/	VOLUNTARY (ORGANIZATION/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	From	(mm/dd/vvvv)	NUMBER OF HOURS	POSITION / NATURE OF WORK			
	emily motter						
	amily matter						
I'' I FARMING AND DEVELOPMENT // OR		tinue on separate sh		TTENDED			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include					of/Executive/Managerial positions		
30 TITLE OF LEARNING AND DEVELOPMENT		S OF ATTENDANCE	tille last live (5) ye	Type of LD			
30. INTERVENTIONS/TRAINING PROGRAMS (Write in full)	From	(mm/dd/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
()	FIOIII	10		Technical/etc)			
	(Con	tinue on separate sh	eet if necessary)	_			
VIII. OTHER INFORMATION					MEMDEDOUIDIN		
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DI	STINCTIONS / RECO	GNITION	(Write in full)	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)		
	(Continue on separate sheet if necessary)						
SIGNATURE	DATE						

34.	Are you related by consanguinity or affinity to the appointing 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 ☐ NO ☐ YES ☐ NO ☐ NO ☐ YES ☐ NO			
35.	a. Have you ever been found guilty of any administrative offe	If YES, give details:)		
		If YES, give details:			
	b. Have you been criminally charged before any court?	☐ YES ☐ N If YES, give details: Date Filed: Status of Case/s:	0		
36.	Have you ever been convicted of any crime or violation of ar regulation by any court or tribunal?	☐ YES ☐ NO If YES, give details:			
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?	☐ YES ☐ NO If YES, give details:			
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 last election to promote/actively campaign for a national	☐ YES ☐ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):			
40. a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 Are you a member of any indigenous group?	YES If YES, please specify:	NO		
b.	Are you a person with disability?		YES If YES, please specify ID No	NO	
C.	Are you a solo parent?		If YES, please specify ID No	NO	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
	NAME	ADDRESS	TEL. NO.	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	
12	I declare under oath that I have personally accomplished thi	a Daraanal Data Chaat which is a t	rue correct and	Computer generated	
12-	complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized represer I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	Republic of the ts stated herein.	or photocopied picture is not acceptable PHOTO		
P	OVERTIMENT 1550EG TO (I.E.Passport, GSIS, SSS, PRO, DITVER'S LICERSE, etc.)				
Ja G	PLEASE INDICATE ID Number and Date of overnment Issued ID:				
IC	D/License/Passport No.:	Signature (Sign inside	the box)		
D	ate/Place of Issuance:	Date Accomplish	ed	Right Thumbmark	
SUB	SCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly i	ssued government ID as indicate	d above.	
		Person Administering	Oath		