FORM 212 (Revised 2005)

PERSONAL DATA SHEET

NTA-.SD/EDS-016-01

nt legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID No. (to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	SEARES
FIRST NAME	ROBERT
MIDDLE NAME	LIZARDO
3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	03-16-19[illegible]
5. PLACE OF BIRTH	BANGUED, ABRA
6. SEX	☑ Male ☐ Female
7. CIVIL STATUS	☐ Single ☐ Widowed ☑ Married ☐ Separated ☐ Annulled ☐ Others, specify
8. CITIZENSHIP	FILIPINO
9. HEIGHT (m)	
10. WEIGHT (kg)	80
11. BLOOD TYPE	AB (+)
12. GSIS ID NO.	
13. PAG-IBIG ID NO.	
14. PHILHEALTH NO.	040500439760
15. SSS NO.	0103128313
16. RESIDENTIAL ADDRESS	# 7 SAUDIKO ST. BF HOMES QUEZON CITY
ZIP CODE	1103
17. TELEPHONE NO.	952-4466
18. PERMANENT ADDRESS	# 7 SAUDIKO ST. BF HOMES QUEZON CITY
ZIP CODE	1103
19. TELEPHONE NO.	952-4466
20. E-MAIL ADDRESS (if any)	
21. CELLPHONE NO. (if any)	
22. AGENCY EMPLOYEE NO.	
23. TIN	127850237

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	SEARES
FIRST NAME	SESY
MIDDLE NAME	GUZMAN
OCCUPATION	ELECTED Sanggunniang Bayan Member
EMPLOYER/BUS. NAME	Local Government Unit of Dolores
BUSINESS ADDRESS	Brgy. Poblacion, Dolores, Abra
TELEPHONE NO.	

(Continue on separate sheet if necessary)

26. FATHER'S SURNAME	SEARES
FIRST NAME	PETRONILO (+)
MIDDLE NAME	VALERA
27. MOTHER'S MAIDEN NAME	
SURNAME	LIZARDO
FIRST NAME	ELIZA (+)
MIDDLE NAME	BOBLAS

25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
RONALD SEARES	04-08-1968
MICHELLE SEARES-UMALI	06-02-1969
RACHELLE SEARES-BONAUBA	07-07-1973
ROBERT VICTOR SEARES, JR.	03-05-1980
	05-31-1914
	10-22-1920

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE From	To	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	COLEGIO DEL SAGRADO CORAZON	GRADUATE	1956		1950	1956	
SECONDARY	COLEGIO DEL SAGRADO CORAZON	GRADUATE	1960		1956	1960	
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF STO. TOMAS	ASSOCIATE IN ARTS	1963		1960	1963	
GRADUATE STUDIES	FAR EASTERN UNIVERSITY	MEDICINE	1969		1963	1969	

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable) NUMBER	LICENSE (if applicable) DATE OF RELEASE
MEDICAL BOARD EXAM	83.75%	06-02-69	UNIVERSITY OF STO. TOMAS	0037553	

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy) From	To	POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
2009	2016	VISITING CONSULTANT	DR. PETRONILO V. SEARES MEMORIAL HOSPITAL				NO
2002	2009	MUN. HEALTH OFFICER	MUN. OF LAGAYAN, ABRA				YES
1998	2001	MEDICAL DIRECTOR	ST. JAMES HOSPITAL - VIGAN CITY				NO
1999		CHIEF SURGEON	DR. PETRONILO V. SEARES MEMORIAL HOSPITAL				NO
1988		MUN. HEALTH OFFICER	MUN. OF PEÑARRUBIA, ABRA				YES
1980	1986	MUNICIPAL MAYOR	MUN. OF BANGUED, ABRA				YES
1979	1980	MEDICAL DIRECTOR	DOLORES MEDICARE AND COMMUNITY HOSPITAL				YES
1977	1979	MEDICAL DIRECTOR	SEARES FAMILY HOSPITAL				NO
1973	1982	PROFESSOR	DIVINE WORD COLLEGE OF BANGUED, - COLLEGE OF MIDWIFERY				NO
1971	1973	PHYSICIAN	ABRA PROVINCIAL HOSPITAL				YES
1969	1971	PHYSICIAN	DR. PETRONILO V. SEARES HOSPITAL				NO

(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE ORGANIZATION/S

31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
LOCAL ADMINISTRATION AND DEVELOPMENT				
PROGRAM (3 MONTHS) SPONSORED BY	1983			DILG
THE DEP'T OF INTERIOR & LOCAL GOV'T				
TRAUMATIC SURGERY (6 MONTHS)	1973			PHIL. ORTHOPEDIC CENTER

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

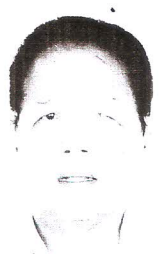
33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
		PHIL. MEDICAL ASSOC.
N/A		

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following:	
a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?	☐YES ☒NO If YES, give details:
b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	☐YES ☒NO If YES, give details:
37 a. Have you ever been formally charged?	☐YES ☒NO If YES, give details:
b. Have you ever been guilty of any administrative offense?	☐YES ☒NO If YES, give details:
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐YES ☒NO If YES, give details:
39. 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, AWOL or phased out, in the public or private sector?	☐YES ☒NO If YES, give details:
40. Have you ever been a candidate in a national or local election (except Barangay election)?	☐YES ☒NO If YES, give details:
41. Pursuant to: (a) Indigenous People's Act (RA 837); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:	
a. Are you a member of any indigenous group?	☐YES ☒NO If YES, pls. specify:
b. Are you differently abled?	☐YES ☒NO If YES, pls. specify:
c. Are you a solo parent?	☐YES ☒NO If YES, pls. specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
RODRIGO ROA DUTERTE	DAVAO CITY	N/A
EMMANUEL PIÑOL		N/A



43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

14030802 COMMUNITY TAX CERTIFICATE NO.		
DOLORES, ABRA ISSUED AT	SIGNATURE (Sign inside the box)	 RIGHT THUMBMARK
02-07-2017 ISSUED ON (mm/dd/yyyy)	02-10-2017 DATE ACCOMPLISHED	