CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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. Print legibly. Tick appropriate boxes (and use separate sheet if necessary, Indicate NA if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION: (Do not fill up. For CSC use only 2 SURNAME BAUTISTA AME EXTENSION (JR., SR) FIRST NAME FLCAR MIDDLE NAME SUMALO 3 DATE OF BIRTH 18/03/1982 6 CITIZENSHIP Dual Citizenship ☑ Filipino (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH. KOLAMBUGAN, LANAO DEL NORTE If holder of dual otizenship, Pls. indicate country: please indicate the details. 5 SEX ☐ Male ☑ Female RAMON MAGSAYSAY STREET Single SITIO TAYTAYAN 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☑ Married ☐ Widowed ☐ Separated House/Block/Lot No. ZONE 23 Other/s: Subdivision/Village BAYBAY CITY LEYTE 7. HEIGHT (m) 158.496cm City/Municipality Province 8. WEIGHT (kg) 52kls ZIP CODE 6521 RAMON MAGSAYSAY STREET 18. PERMANENT ADDRESS SITIO TAYTAYAN 9. BLOOD TYPE House/Block/Lat No 70NF 23 10 GSIS ID NO. NONE SubdivisionVillage BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. City/Municipality 12 PHILHEALTH NO. 12-050372924-0 ZIP CODE 6521 13 SSS NO. 08-2316459-2 19 TELEPHONE NO NONE 0931-8698509 4 TIN NO 230-468-821-000 20 MOBILE NO. 15 AGENCY EMPLOYEE NO. 0000419 21. E-MAIL ADDRESS (if any) elcarbautista18@gmail.com DATE OF BIRTH (mm/dd/yyyy) 22 SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. SUMALO (DECEASED) 24 FATHER'S SURNAME NAME EXTENSION (JR., SR) ELPIDIO FIRST NAME ALIPANTA MIDDLE NAME 25 MOTHER'S MAIDEN NAME LABASUG (DECEASED) SURNAME CARMENCITA FIRST NAME

MIDDLE NAME	PAREDES		(Continue on separate sheet if necessary)					
II. EDUCATIONAL BAC	KGROUND	The same of the last	Year and					
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIPI ACADEMIC HONORS	
			From	To	(if not graduated)		RECEIVED	
ELEMENTARY	KOLAMBUGAN CENTRAL ELEM SCHOOL			Mar. 1992		1992		
SECONDARY	HOLY CROSS HIGH SCHOOL		June,1994	Mar. 1998		1998		
VOCATIONAL / TRADE COURSE								
COLLEGE	LA SALLE UNIVERSITY	BACHELOR OF SCIENCE IN COMMERCE MAJOR IN MANAGEMENT ACCOUNTING	June, 1998	Mar. 2002		2002		
GRADUATE STUDIES		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	(1)	Continue on separate sheet if necessary)	1		1			
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LAWS/ CES/	RVICE/RA 1080 (BC	MARD/BAR) UNDER SPECIAL BARANGAY	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	MENT	LICENSE (Fac	Date of
LAWS/GES	ELIGIBILITY / DRIV		(If Applicable)	CONFERMENT	POICE OF EXAMINA	VIION / GONFER		NUMBER	Validity
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WORK EX		Start from your recent wo	urk) Description o	of duties should be in	dicated in the attached t	Nort Evnarie	ve chapt		
and the Charles	SIVE DATES		Red Hard	S. BISINESTIC			SALARYI JOBI PAY		GOVT
	n/dd/yyyy)	POSITION TIT (Write in full/Do not at			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GFUDE (# applicable)& STEP (Format 100-07)	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To		STOR E				NORBABIT		197.49
							1000		
01-Jun-19	15-Aug-22	Office Cle	rk	Baybay Nat	onal High School	320.00/day		J.O.	Y
26-May-17	31-Jul-18	Accounting (Clerk		SOLUTIONS	25,000.00	-5	Contractual	N
22-Nov-16	15-May-17	Accounting (Clerk		ES & DEVELOPMENT PORATION	13,000.00	1-2000	Contractual	N
01-May-15	31-Dec-15	Area Superv	isor	The second second	ayan De Oro City	19,000.00		Contractual	Y
08-Feb-08	30-Jun-14	Accounting (Clerk	MINSA	S, Inc Agency	12,000.00	O'S PEL	Contractual	N
01-Jun-02	31-Dec-07	Bookkeeping and Do	04.000.00		rgo Handling, Inc.	10,000.00	reflection of	Contractual	N
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29.	NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES				
	(Write in full)	From	kl/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
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I. LEA	RNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PRO					
	the most recent L&D/training program and include only the relevant L&D/training taken for	the last five (5) yea	ars for Division Ch	let Executive Mana	gerial positions)	
	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		DATES OF		Type of LD	heart expectage Leaven
	(Write in full)		id/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Wome	n's Welfare Amidst COVID-19 Pandemic Seminar and Mental Fortitude	From	То		Tecnnical/etc)	The second of the second of the second
	Training	Mar. 25, 2022		8 hours	Participant	
hool-E	lased Rollout Seminar on Values Restoration Program and Launching of Project Create	Feb. 16, 2022	Feb. 18, 2022	24 hours	Participant	in ani most haimban una amisi at
	One Day School Based TIP	Jan. 29, 2021	A THEFT	8 hours	Technical	enes yleviloutetomond ql soudate
	Training Workshop on Career Goal Setting	Aug. 10, 2021	Aug. 12, 2021	24 hours	Technical	Cares and an options when is
1	Training Workshop on Literacy and Numeracy Skills	Dec. 14, 2021	Dec. 16, 2021	24 hours	Technical	
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II. OT	HER INFORMATION	and on separate	sheet it necessary			
	N/ON	LACADEMIC DISTIL	NCTIONS / RECOG	AUTION		
31.	SPECIAL SKILLS and HOBBIES 32.		e in full)	NETION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)
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	SIGNATURE		sheet if necessary)	THE RESERVE OF THE PERSON NAMED IN	

34. Are you related by consanguinity or affinity appropriate of bureau or office or to the person who has imm Bureau or Department where you will be appropriated,	ointing or recommending authority, or to the nediate supervision over you in the Office,	CONTRACTOR REMOVE AND		
a. within the third degree?		☐ YES ☑ NO '		
b. within the fourth degree (for Local Government Unit	☐ YES ☑ NO If YES, give details:			
5. a. Have you ever been found guilty of any administrat	☐ 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:			
6 Have you ever been convicted of any crime or violatio by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminat out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:			
a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?		☐ YES ☑ NO If YES, give details:		
b. Have you resigned from the government service du election to promote/actively campaign for a national of the control o	☐ YES ☑ NO If YES, give details:			
99. Have you acquired the status of an immigrant or perm	☐ YES ☑ NO If YES, give details (country):			
7277); and (c) Solo Parents Welfare Act of 2000 (RA Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	8972), please answer the following items:	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:		
1. REFERENCES (Person not related by consenguinity or affinity to a	pplicant /appointee)			
NAME	ADDRESS	TEL. NO.		
GEORGE NUÑEZ	BAYBAY CITY, LEYTE	09064662601		
JOSERICO C. VALENZONA	BAYBAY CITY, LEYTE	09557536173		
HARVEY CANO	BAYBAY CITY, LEYTE	9983471485		
42 I declare under oath that I have personally accomposed complete statement pursuant to the provisions of Philippines. I authorize the agency head/authorized I agree that any misrepresentation made in this administrative/criminal case/s against me.	pertinent laws, rules and regulations of the direpresentative to verify/validate the content	Republic of the s stated herein.		
Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: SSS 08-2316459-2	1 - Alamber	^{Ch}		
ID/License/Passport No.:	Signature (Sign inside the t			
Date/Place of Issuance:	Date Accomplished	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as indicated above.		
	Person Administering Oa			