CS Form	No.	212
CS Form Revised 20	77	

PERSONAL DATA SHEET

	es (and use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT A	ABBREVIATE.	0.4	1. CS ID N	0.	(Do not fill up.	For CSC use
. PERSONAL INFORMATI 2. SURNAME								
	OPENOMA					NAME EXTENSION (ID CD)	
FIRST NAME	EDWIN					THANKE EXTENSION (un., un	
MIDDLE NAME 3. DATE OF BIRTH	VARRON							
(mm/dd/yyyy)	05 - 12 - 1975	16. CITIZENSHIP	by birth			Dual Citizenshi		
4. PLACE OF BIRTH	STHAN HABYAGI BIAGAZ	If holder of dual citiz				THE RESERVE TO SERVE THE PARTY OF THE PARTY		
5. SEX	Male Female	please indicate the details.						
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No.				Street SMp KN	6
7. HEIGHT (m)	512		Subdivision/Village 6 A1 6 A1				Barangay	
8. WEIGHT (kg)	Ald Bigs	ZIP CODE	City/Municipality				Province	103
9. BLOOD TYPE	62 KLE.	18. PERMANENT ADDRESS		N 111	4.5		14-18	0.11.70.80~1
5. 5.500 111 2	19PE 0	-	Ho	use/Block/Lot	No.	427734	Street	41111111
0. GSIS ID NO.	75051261694		St	ubdivision/Villa	age		SHOW C Barangay	
PAG-IBIG ID NO.	1700 - 6028 - 9373			OH 6			Province	
2. PHILHEALTH NO.	130000602400	ZIP CODE	6521					
3. SSS NO.	NA	19. TELEPHONE NO.	N/A					
\$. TIN NO.	920 - 225 - 721	20. MOBILE NO. DOG 7		79273129				
5. AGENCY EMPLOYEE NO.	V00 507	21. E-MAIL ADDRESS (if any)	SHOM	7	MBAY	an un	the .	
. FAMILY BACKGROUND				911	, isk j	an ver	IE	
2. SPOUSE'S SURNAME	DRENDHIA		23. NAME of CH	HILDREN (W	rite full name ar	nd list all)	DATE OF BIR	TH (mm/dd/yy
FIRST NAME	GINA	NAME EXTENSION (JR., SR)		VIDGIN POCE DATION OPENDADIN			03-05 - 2001	
MIDDLE NAME	BATION		CHAMBETTE PHARIE BATION OREMON I				3 ~ 2007	
OCCUPATION	HOLSENIFE		JOHN WA			WELDELIN	09-10	
EMPLOYER/BUSINESS NAME	NA					J. 11	1	1 002
BUSINESS ADDRESS	NA							
TELEPHONE NO.	NA		4					
FATHER'S SURNAME	PRENOM N							
FIRST NAME	Quemen	NAME EXTENSION (JR., SR)						
MIDDLE NAME	PANA							
. MOTHER'S MAIDEN NAME							-	
SURNAME	VARRON							
FIRST NAME	REMEDIOS							
MIDDLE NAME	GALDNIA		1	(0	ontinue on se	parate sheet if neces	ssary)	
. EDUCATIONAL BACKG	ROUND							
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHI ACADEMIC HONORS RECEIVED
ELEMENTARY	JAENA EVEMENTARY SCHOOL	PRITITION BOUCE	A-170N	1982	1988	612MOUNTED	1988	
SECONDARY	DOM POULD NATIONAL MICH	MGH COHOOL		1988		GPHOUMED	1992	MIA
VOCATIONAL / TRADE COURSE	MOCATION TO TOPHONY TO	- \	AN 0-064	1994	1992	GRADUATED	1996	NIN
COLLEGE		The state of the s	a and the				00 5-3000-V-C	
GRADUATE STUDIES	rene micconolo	A TAG					35	J AVOIS
SIGNATURE	Co (Co	ntlinue on separate sheet if nece	ssary)	10,2	2219	CS FORM 212	? (Revised 2017),	Page 1 of 4

	BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if	licable) 🔨
SPECIAL LAWS/ (BARANGAY ELIGIBILITY /	DES/ CSEE DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	IATION / CONFE	RMENT	NUMBER	Date of Validity
CERTIFICATE OF BERANGAY OFFICIAN	EUGIBILITY					CO DAME A RIP ACT	10.208- 0725	1209-03
WENDER ENGIGILITY		COMPETENT	05-19-10	CACUBIAN	LETTE		NO. 100 8000	11-29-10
	- 100			0.000//4	1 10118		24627	
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					1/1	7-4:		
The second secon					NEW - 1	- FA ()		
12200100000					A 310-7			
V. WORK EXPERIENCE			ontinue on separate sheet if r					
Include private employment. \$ 8. INCLUSIVE DATES	Start from your rece	nt work) Descripti	on of duties should be	indicated in the attac	hed Work Ex	SALARY/ JOB/ PAY	e <i>t.</i>	
(mm/dd/yyyy)	POSITION (Write in full/Do no			CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From To		- A J	Anna Maria	The Especial State of Medicalities and Con-		INCREMENT		
9- 65-97 11-20-98 1	HELIOER MECH	MIC		RPRISEI	P4,8N.N	AlA	CHATTRACTUAL	MA
02-10-99 12-80-9	WENDER MECH	HMIC	Chel Chilete	ucnow	5,04,0	NIA	CHTRACTURE	NIK
Satri					4,0046	PIPOSE		
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		÷ (U	ontinue on separate sheet if r	July 10	2 40		212 (Revised 2017), F	2000 2001

U. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNME 9. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES		NUMBER OF HOURS	C. Marine (1982)		
(Write in full		From	(mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
ATOOL LOOHING THUS	ORGANIZATION	6-01-96	7-10-01				
SM66WING KAD	RTAAN			9 15 15 2	<u> </u>	ck charman	
LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS TO A WING	onlinue on separate s	heet if necessary	9			
LEARNING AND DEVELOPMENT (LGD) If from the most recent L&D/training program and inclu-				ief Executive Manag	erial positions)		
TITLE OF LEARNING AND DEVELOPMENT INTI (Write in ful		INCLUSIVE DATES OF ATTENDANCE (mm/ad/yyyy) From To		N-MOED OF WO-100	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ORGH, DISKSTER PREPARE	fortes 4	7-28 10	29 - 04	16 HOURS		(mocc) muncipal	
management ceminar					11.67.73	DISASTER COUNCIL NATING	
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38 1 1 1 1 1 2 1 3 1 5 1 7 1 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
To sense to the	(Continue on separate	sheet if necessar	γj			
III. OTHER INFORMATION	T					T	
31. SPECIAL SKILLS and HOBBIES					33. MEMBERSHIP IN ASSOCIATION/ORGANIZ		
MECHTONIC	N fa				1/4		
WEWER	N/A					NJA	
DRIVER	м/л				A/A		
						1242122 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
			01	IR the			

chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Ca		YES NO YES NO If YES, give details:
35. a. Have you ever been found guilty of any administrative o	ffense?	☐ 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 any court or tribunal?	any law, decree, ordinance or regulation by	YES NO If YES, give details:
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, a (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 el	ection held within the last year (except	YES INO
Barangay election)? b. Have you resigned from the government service during	the three (3)-month period before the last	If YES, give details:NO
election to promote/actively campaign for a national or local		If YES, give details:
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	YES NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M		
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 * Are you a member of any indigenous group?), please answer the following items:	
		If YES, please specify:
b. Are you a person with disability?		☐ YES ☐ NO If YES, please specify ID No:
c. Are you a solo parent?		YES NO If YES, please specify ID No:
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)	
NAME	ADDRESS	TEL NO.
ENGINERO MARLON GURLAS	VICCA, DATEM, CHY	
ENGINEER MARLO VALENZONA	VICA, DATEM, att	
42. I declare under oath that I have personally accomplished to statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attachmagainst me.	rules and regulations of the Republic of verify/validate the contents stated herein.	the Philippines. I I agree that any
Government Issued ID (i.e.Passport, GSIS, \$SS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VID DGA 20	50.	
100000	A A	
ID/License/Passport No.: H33-DJ-0020 44	Signature (Sign inside the box	×
Date/Place of Issuance: PAYRAY CITY	Date Accomplished	Right Thumbmark
	ATTY, RYSAN C. GUINDOOR	ing his/her validly issued government ID as indicated above.
	VSULEGAL Person Administering Oath	
		CS FORM 212 (Revised 2017), Page 4 of

Attachment to CS Form No. 212						
WORK EX	PERIENCE SHEET					
Instructions: 1. Includes only the work experiences rela	tructions: 1. Includes only the work experiences relevant to the position being applied to.					
·	The duration should include start and fiish dates, if known, month in abbreviation form, if known,					
and year in full. For the current position	and year in full. For the current position, use the word Present, e.g., 1998-Present. Work					
experience should be listed from most						
Position Applied:	olitions II					
Duration:	2004 TO PRECENT					
Position:	WELLOOR I					
Name of Office/Unit:	GENERAL CERVICE DIVISION					
Immediate Supervisor:	ENGR. MARION OVERAS					
Name of Agency/Organization and Location:	VICENTAL STATE UNIVERSITY VISCA PAYON ST					
Summary of Actual Duties NELDER						
Duration:						
• Position:						
Name of Office/Unit:						
Immediate Supervisor: Name of Agency/Organization and Legation:						
 Name of Agency/Organization and Location: 						
 List of Accomplishments and Contribution 	ns (if any)					
0						
0						
 Summary of Actual Duties 						

EDWIN V.

Date:

Signature over Printed Name of Employee/Applicant

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