12							
CS Form No. 212 Revised 2017	PERSO	NAL DATA	A SH	EET			
concerned.	ation made in the Personal Data Sheet and the				riminal case/s a	gainst the person	
Print legibly. Tick appropriate boxes	s ( ) and use separate sheet if necessary. Indicate N			1. CS ID No.	azotie abwe:	(Do not fill up. For CSC use only)	
I. PERSONAL INFORMATIO							
2. SURNAME	GERALDO		-		NAME EXTENSION (JR	SR) NONE	
FIRST NAME	MONA NENA						
MIDDLE NAME	BESTUDIO						
DATE OF BIRTH     (mm/dd/yyyy)	11/04/1986	16. CITIZENSHIP		☑ Filipino ☐	Dual Citizenship	by naturalization	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizens			ountry:		
5. SEX	☐ Male ☐ Female	' please indicate the deta	alls.			_	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	206 House/Block/Lot No. Subdivision/Village		M. L. QUEZON Street . DOMINGO VELOSO Barangay		
7. HEIGHT (m)	1.47		e 4 material and mention	BAYBAY		LEYTE	
8. WEIGHT (kg)	60kg	ZIP CODE	Cit	ty/Municipality	6521	Province	
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		206	-	M. L. QUEZON	
10. GSIS ID NO.	NONE			se/Block/Lot No.	DO	Street MINGO VELOSO	
11. PAG-IBIG ID NO.	1211-7591-5190	oia lo rapous Just		division/Village BAYBAY	JAKOA, DESS	Barangay  LEYTE	
12. PHILHEALTH NO.	13-025323588-9	ZIP CODE	Cit	6521	2020 ADMIN	Province	
13. SSS NO.	34-1533412-2	19. TELEPHONE NO.		NONE			
14. TIN NO.	334-723-256	20. MOBILE NO.		093	35-946-8586		
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)		monanena.ge	eraldo@vsu.e	edu.ph	
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME	GERALDO		23. NAME of CHI	LDREN (Write full name and	list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	ARIAN WEN	NAME EXTENSION (JR., SR) NONE	ATHE	NA CHARLOTTE B. GE	RALDO	03/21/2004	
MIDDLE NAME	RESANO						
OCCUPATION	MACHINE OPERATOR						
EMPLOYER/BUSINESS NAME	HIWIN CORP.						
BUSINESS ADDRESS	TAICHUNG, TAIWAN						
TELEPHONE NO.	NONE	The state of the s					
24. FATHER'S SURNAME	BESTUDIO			\$4			
FIRST NAME	MARFELITO	NAME EXTENSION (JR., SR) NONE					
MIDDLE NAME	AUTIDA	INONE					
25. MOTHER'S MAIDEN NAME	NENA CABALLES CALA						
SURNAME	BESTUDIO						
FIRST NAME	NENA						
MIDDLE NAME	CALA			(Continue on con	arata ahaat Waasaa		
III. EDUCATIONAL BACKG				(Conunue on sep	arate sheet if neces	Sarry)	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	JCOURSE -	PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR SCHOLARSHIP/ ACADEMIC GRADUATED HONORS	
La company of the control of the con	and the second s	on the second of	and the second	From To		RECEIVED	

FIRST NAME	NENA							
MIDDLE NAME CALA			(Continue on separate sheet if necessary)					
I. EDUCATIONAL BACK	GROUND							
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/C (Write in full)	OURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
La caracteria de la compansión de la compa	and the state of t				То			
ELEMENTARY	BAYBAY SOUTH CENTRAL SCHOOL	PRIMARY		1993	1999	GRADUATED	1999	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	(1)	1999	2003	GRADUATED	2003	NONE
VOCATIONAL / TRADE COURSE	NONE							
COLLEGE	VISAYAS STATE UNIVERSITY	BS in AGRIBUSINESS		2011	2015	GRADUATED	2015	NONE
GRADUATE STUDIES	NONE				1			
		(Continue on separate sheet if necessar	ry)					
SIGNATURE	8	<b>?</b> .		D.	ATE		23/23	
					_		CODILION IN I	

IV. CIVIL SERVICE ELIGIBILITY  27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER  PATING			DATE OF				LICENSE (if applicable)		
	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)  RATING EXAMINATION / CONFERMENT  PLACE OF EXAMINATION / CONFERMENT				ERMENT	NUMBER	Date o		
CAR	EER SERVICE	PROFESSIONAL	82.22	08/06/2017	SAINT JOS	SEPH COLLEGE MAASIN CITY		town top or to	
	V - p		and the same of		Leave of Marine Canada		12 AF(3)	and production is	
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**			an annual action of the same per same			400 800 800	SMUTERS		
	27 42								
					97.		8 8 6		
WORK F	XPERIENCE		(Cor	ntinue on separate sheet if	necessary)				
		nt. Start from your recen	t work) Descripti	on of duties should b	e indicated in	the attached Work I	Experience s	heet.	
(m	JSIVE DATES m/dd/yyyy)	POSITION TI (Write in full/Do not		DEPARTMENT / AGE COMPA (Write in full/Do no	NY	MONTHLY/DAILY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV' SERVI
From 3/02/2022	To Present	ADMINISTRATIVE AIDE	111	VSU, BUDGET OF		13,572/ MOS	INCREMENT	REGULAR	YES
1/01/2021	08/1/2021	ADMINISTRATIVE AIDE		VSU, BUDGET OF	1.	616.91/DAY		CASUAL	YES
3/17/2020	12/31/2020	ADMINISTRATIVE AIDE	III	VSU, BUDGET OF	FICE	591.77/DAY		CASUAL	YES
1/17/2017	08/16/2020	ADMINISTRATIVE AIDE	.1	VSU, BUDGET OF	FICE	9,961.20/ MOS		JOB ORDER	YES
1/01/2016	04/01/2020	CÁSHIER/STORE CRE	N	FRESH BERRY FOODS CORPORATION					
				CON CIVILION		275/DAY		REGULAR	YES
						3202			- :
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		•			***	· · · · · · · · · · · · · · · · · · ·	0004500		
(28,12)			p. 224 ( ).	1			01/6239		
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ALC: TA	ener er		(Cor	tinue on separate sheet if	erag necessary)	ROOMS JAPTECS H	TUCH YABYAS		
SIGN	ATURE	5 4 728	(A)	1301733	DATE	Jonalus en LUIA	2	23/23	

29.	LUNTARY WORK OR INVOLVEMENT IN CIVIC / NAME & ADDRESS OF ORGANIZATION		INCLUSIV	E DATES	NUMBER OF HOURS		ni August hamasad tar ake-bi
20.	(Write in full)			(mm/dd/yyyy) From To			POSITION / NATURE OF WORK
NONE	The will	Raville   1		SinceystomE	neral) - Mr.J. He	sonie ist.	Judi seepah traktarihatika d
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		34 FC		-		r	
		(Con	tinue on separate :	chael if naraccary	Yes to Fousion	15 6 75 4 2 12	CLBOY, OF MILESON PROPERTY
VII. LE	EARNING AND DEVELOPMENT (L&D) INTERVE		Name and Address of the Owner, where the Owner, which is	The second designation of the second			
(Start fro	om 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	ief/Executive/Manag	jerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
FRON	NTLINE AND EXCELLENT CUSTOMER SER	RVICE	From 11/09/2022	To 11/11/2022	24HRS	Technical	PERSONNEL OFFICERS ASSOCIATION OF
	2(819) 5						THE PHILIPPINES, INC. (POAP)
	S AND RULES ON GOVERNMENT EXPENDED 1:001:2015 Awareness/ Re-awareness Webin		11/27/2020	09/16/2022 11/27/2020	32 HRS 3 hrs	Technical Technical	COA, PALO LEYTE VISAYAS STATE UNIVERSITY
	R SECURITY TRAINING ORIENTATION WORKSHOP FOR JOB OR	DEBE	12/18/2019	12/19/2019	16hrs 8hrs	Technical Technical	VSU CONVENTION CENTER
	ASSESSMENT AND DOCUMENTATION TO	State College	01/17/2019	01/18/2019	12hrs	Technical	ODAHRD, VSU BAYBAY CITY LEYTE VISAYAS STATE UNIVERSITY
ORIE	NTATION ON BASIC CUSTOMER SERVIC		09/05/2017	09/05/2017	8hrs	Technical	VISAYAS STATE UNIVERSITY
VALU	CC BASIC COOPERATIVE SEMINAR	, 15(S) A	10/06/2017	10/06/2017	8hrs	Technical	VSUCC
				1			reservas la codrisor successa el el
	EMPLOYMENT SEMINAR AND LABOR EM		04/17/2015	04/17/2015	8hrs	Technical	DOLE AND POEA
	SONALITY DEVELOPMENT AND BUSINES: NESS FORUM WITH GUEST SPEAKER"SA	SEED COTTO	09/14/2013	09/14/2013	8hrs	Technical	VSU, CME
ANDO		AND I SAVIER OF	07/03/2012	07/03/2012	8hrs	Technical	VSU, CME
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	artist (Male) to body U.	boot	guilles touris	0		399	ALCIA M FI
	ALCOHOLD	A STATE OF THE STA	-			NACING TAKEN	A DATE OF
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			1			water the co	PLEASE INDICATE ID Manuar et al.
VIII C	OTHER INFORMATION	(Col	ntinue on separate	sheet if necessary			
		NO	N-ACADEMIC DISTI	NCTIONS / RECO	ENITION	and the second	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31.	SPECIAL SKILLS and HOBBIES 32.		33. (Write in full)				
	BROWSING THE NET	NONE				NONE	
	COMPUTER LITERATE	A STATE OF THE STA	er e		war ar me		
	MOTORCYCLE DRIVING		11	A.ver	and the same of th		
		(Co	ntinue on separate	sheet if necessar	n		1,
	SIGNATURE	<u> </u>	<b>('</b> -		DA	ITE	23 23 CS FORM 212 (Revised 2017), Page 3 of

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?		YES 2	NO			
b. within the fourth degree (for Local Government Unit - Card	☐ YES ☐ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative offer	ense?	☐ YES 🔽	Lavo			
	☐ YES ☑ NO If YES, give details: ————————————————————————————————————					
b. Have you been criminally charged before any court?		YES If YES, give details:  Date Filed:  Status of Case/s:	☑ NO			
36. Have you ever been convicted of any crime or violation of an	y law decree ordinance or regulation by					
any court or tribunal?	, aw, acces, cramance or regulation by	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi the public or private sector?	nished contract or phased out (abolition) in	If YES, give details:	□ NO e to transfer of work			
38. a. Have you ever been a candidate in a national or local election Barangay election)?	tion held within the last year (except	☐ YES ☑ NO If YES, give details:				
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>	candidate?	If YES, give details:	☑ NO			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</li> </ol>						
a. Are you a member of any indigenous group?	arast war aren ear	☐ YES , If YES, please specify:	☑ NO			
b. Are you a person with disability?  c. Are you a solo parent?	coccurac except of Power	☐ YES If YES, please specify ID				
Are you a solo parent?		☐ YES If YES, please specify ID	☑ NO No:			
41. REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)	deres y seems of each way, a see a				
NAME	ADDRESS	TEL. NO.				
ALICIA M. FLORES	Budget Office	1009	ID picture taken within the last 6 months 3.5 cm, X 4.5 cm			
LOUELLA C. AMPAC	ODF	1061	(passport size)  With full and handwritten name tag and signature over printed name			
42 I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, re authorize the agency head/authorized representative to verif misrepresentation made in this document and its attachment against me.	ules and regulations of the Republic of the flyvalidate the contents stated herein.	ne Philippines. I I agree that any	Computer generated or photocopied picture is not acceptable			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		V.				
Government Issued ID: Drivers License  ID/License/Passport No.: 047245444	Signature (Sign inside the b	DX)				
Date/Place of Issuance: LTO,BAYBAY CITY,LEYTE	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	2 / FEB 2023 , affiant exhibiti	ng his/her validly issued gov	rernment ID as indicated above.			
		A STANK REYORD M				
	h					
			CS FORM 212 (Revised 2017), Page 4 of 4			