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CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	E	Γ			
WARNING: Any misrepresenta concerned.	ation made in the Personal Data Sheet and the	Work Experience Sheet sha	II cause the fi	ling of admir	nistrative/c	riminal case/s aga	ainst the pers	on
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOM	PLISHING TH	E PDS FORI	<b>HIGH CASH CONTRACTOR</b>			
	s ( and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATIO								
2. SURNAME	MASCARIÑAS					NAME EXTENSION (	IR., SR) N/A	
FIRST NAME	IKE					NAME EXTENSION (	IK., SKJ IVA	and the special section
MIDDLE NAME	ELORCHA							
DATE OF BIRTH     (mm/dd/yyyy)	4/9/1990	16. CITIZENSHIP		✓ Filip	oino [	Dual Citizenshi		diration
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize				Pls. indicate	by natura country:	alizauon
5. SEX	✓ Male Female	please indicate the d	letails.	Philippin	es			-
6 CIVIL STATUS	✓ Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		use/Block/Lot Nuse/Block/Lot Nuse/Block			Street VISCA	
7. HEIGHT (cm)	170 cm	and the state of t		BAYBAY			Barangay LEYTE	
8. WEIGHT (kg)	80 Kg	ZIP CODE		City/Municipality			Province	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	l l l	was/Plank/Lat A			Ctract	
10. GSIS ID NO.	N/A			use/Block/Lot Nuse/Block/Lot Nuse/Block/Bl			VISCA Barangay	
11. PAG-IBIG ID NO.	1212-0822-7191			BAYBAY City/Municipality			LEYTE Province	
12. PHILHEALTH NO.	130254524930	ZIP CODE	6521-A					
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A					
14. TIN NO.	334-111-293	20. MOBILE NO.	0905973	4821				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)						
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Writ	e full name ar	nd list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	XANDRIA IRAH P. MASCARIÑAS			7/1/2010		
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS			12					
TELEPHONE NO.								
24. FATHER'S SURNAME	MASCARIÑAS							
FIRST NAME	RAFAEL	NAME EXTENSION (JR., SR)						
MIDDLE NAME	CAINTIC							
25. MOTHER'S MAIDEN NAME								and the second second participation of the second s
SURNAME	ELORCHA							
FIRST NAME	ELVIRA			-				
MIDDLE NAME	OLMOGUIZ		-	(Co	ntinue on se	parate sheet if neces	sanı)	
II. EDUCATIONAL BACKG				100				
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE (Write in full)		RSE PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSHIP/ ACADEMIC
	(Write in full)  GUADALUPE ELEMENTARY			From To		(if not graduated)	GRADUATED	HONORS RECEIVED
ELEMENTARY	SCHOOL			1997	2003	GRADUATED	2003	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL			2003	2010	GRADUATED	2010	NONE

. EDUCATIONAL BACK	GROUND.						
). LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
		Construction and American Section 2015 of the Construction of the	From	То	(if not graduated)		RECEIVED
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL		1997	2003	GRADUATED	2003	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		2003	2010	GRADUATED	2010	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	STO NIÑO COLLEGE OF ORMOC		2012	2016	GRADUATED	2016	NONE
GRADUATE STUDIES							

Hujulk SIGNATURE

DATE

02-18-2019

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IV. CIVIL S	ERVICE ELIGIB	DILITY								
27. CARE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF SPECIAL LAWS/ CES/ CSEE RATING EXAMINATION / PLACE OF EXAMINATION / CONFERMENT				LICENSE (if applicable)					
BA		// DRIVER'S LICENSE	(If Applicable)		RMENT	PLACE OF EXAMINA	TION / CONFE	ERMENT	NUMBER	Date of Validity
	N/A									*
							ternin di unu i mari di sun i mandari			
				-						
	XPERIENCE			ntinue on sep						
	JSIVE DATES	Start from your recei	nt work) Descriptio	on of duties	s should b	e indicated in the attach	ed Work Ex	salary/job/pay	iL	
	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPART		ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
12/15/2016	PRESENT	WATCH	/AN	SECURI		CES OFFICE VSU MAIN	7,000	INCREMENT	JOB ORDER	Y
					0/	- NIFOS				
									-	
					-					
			(Cor	ntinue on sep	arate sheet i	f necessary)				
SIGNA	TURE	Luninuk	1		DATE	02-18-2019		CS FORM 2	12 (Revised 2017), P	age 2 of 4

CS FORM 212 (Revised 2017), Page 3 of 4	6105-8	31-20	3TAQ	FFILER	Summing	SIGNATURE	
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			7 92 nd		\$141.4 		
							19
		1				BASKETBALL SKILLS	
				A/N		COOKING SKIFTS	
A\N			DKINING SKIFFS				
MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	ar ar Kapadasan	NOITIN	SECIPL SKILLS and HOBBIES	31.			
						NOITAMROHNI REHT	O IIIA
			speet if necessary	estedes uo enuguo	)		
							-
,		77 300	7.40		-		
					1		
			1				
PHILIPPINE RED CROSS, HILONGOS SUB-	TECHNICAL	32 HRS.	10/26/2017	10/23/2017	<b>DNINIART</b> (	STANDARD FIRST AID	
BUREAU OF FIRE PROTECTION, BAYBAY CITY	TECHNICAL	40 HRS.	11/9/2019	11/2/5019	SUINIART BUS	FIREFIGHTING AND RESC	
(Nut ni etinW)	Supervisory/ Technical/etc)		oT	mo17		(Illuf ni elinW)	
CONDICTED/ SPONSORED BY	Type of LD (Managerial)	NUMBER OF HOURS	PANCE	INCLUSIVE ATTEND		TITLE OF LEARNING AND DEVELOPMENT INTER	30.
	(enodizoq lsita	genew Manag			of neket gainist (181 Insvelor ett yino e	n the most recent L&U training program and includ	noti itsi2)
				alstages no aunibno TTA SMARDOR		ARNING AND DEVELOPMENT (L&D) I	AIL LE
					<b>9</b>		
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			0]	mo14	•	(AALIB IU IUI)	
POSITION / NATURE OF WORK		NUMBER OF HOURS		(ww/qc INCFNSIA	NOITAXINAD	NAME & ADDRESS OF OR (Write in full)	.62
		MOITAZINAƏ	ЯО ҮЯ <b>АТ</b> ИИТ	. \	N CINIC / W ONERNWENT	UNTARY WORK OR INVOLVEMENT II	או אסר

-							
34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has immed		<b>O</b> · · · ,				
	Bureau or Department where you will be approinted,	nate supervision ever you in the emos,	Ì	* *			
	a. within the third degree?	☐ YES ☑	7 NO				
	b. within the fourth degree (for Local Government Unit -		7 NO				
		If YES, give detail					
			, g				
35.	a. Have you ever been found guilty of any administrative	offense?	☐ YES [	√ NO			
			If YES, give detai				
			ii i Lo, givo dotai				
	b. Have you been criminally charged before any court?	YES	✓ NO				
			If YES, give detail	ls:			
				Date Filed:			
			Stati	us of Case/s:			
36.		of any law, decree, ordinance or regulation by	YES	✓ NO			
	any court or tribunal?		If YES, give detail	ls:			
			######################################				
37.	Have you ever been separated from the service in any of	the following modes: resignation,	☐ YES	√ NO			
	retirement, dropped from the rolls, dismissal, termination		If YES, give detail				
	(abolition) in the public or private sector?	WALES TO SEE THE SECOND SECOND	Address of the State of the Sta				
38.	a. Have you ever been a candidate in a national or local	election held within the last year (except	YES	✓ NO			
	Barangay election)?		If YES, give details:				
	b. Have you resigned from the government service during	the three (3)-month period before the last	YES NO				
	election to promote/actively campaign for a national or lo		If YES, give details:				
39.							
39.	Thave you acquired the status of art minigrant or perman	on resident of another country:	YES	✓ NO			
100	and the second s		If YES, give detail	is (country):			
40							
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) I						
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	(2), please answer the following items:					
a.	Are you a member of any indigenous group?		YES If YES, please specif	☑ NO			
b.	Are you a person with disability?						
	7 to you a porcon with aloability.	YES If YES, please specif	✓ NO v ID No:				
C.	Are you a solo parent?	☐ YES	✓ NO				
		and the second s	If YES, please specif				
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant (annointee)					
	NAME	ADDRESS	TEL. NO.				
HON	I. DEXTER S. MAGAN	PANGASUGAN BAYBAY CITY	NONE				
DR.	OTHELO B. CAPUNO	VSU BAYBAY CITY	NONE	0			
051	00 011144 07						
CEL	SO GUMAOD	VSU BAYBAY CITY	NONE				
42.	I declare under oath that I have personally accomplished						
	statement pursuant to the provisions of pertinent laws authorize the agency head / authorized representative	s, rules and regulations of the Republic of	the Philippines. I				
	misrepresentation made in this document and its attack	hments shall cause the filing of administration	r agree that any	MASCARIÑAS, IKE E.			
	against me.	and the state of t	Vororiminal Gaboro				
Go	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			408HHHHHHH			
	EASE INDICATE ID Number and Date of Issuance	0					
Go	overnment Issued ID: DRIVER'S LICENSE						
ID/	License/Passport No.: H03-07-000989	Signature (Sign inside the box)					
Da	te/Place of Issuance: 11/21/2016 BAYBAY CITY						
	1,72,720 0 0 11	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	officert cybibitis	ag his/bar validly issued	government ID as indicated above			
	CODOCIALE AND ON ONE (IN DEIOIG THE UIS	EB 2 1 2019 , affiant exhibiting	ng marier validiy issued	government ID as indicated above.			
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		ATTY RYSANC GUINOCOR		2 2°			
		VSULEGRerson-Adhrumstering Oath					