C. Form No. 212 Revised 2017

PERSONAL DATA SHEET

TERD THE ATTACHED COIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOM	PLISHING TH	E PDS FORM	И				
	and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT Al	BBREVIATE.		1. CS ID No.		(Do not fill up. F	For CSC use only	
I. PERSONAL INFORMATIO	PABON								
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME	AKMAN DO						1.00		
3. DATE OF BIRTH	MIRAS	40 OLITIZENOUND	- 4 7					V8	
(mm/dd/yyyy)	MAY.10,1963					Dual Citizenship by birth	_		
4. PLACE OF BIRTH	BK/BKY	If holder of dual citize	nship,			Pls. indicate country:			
5. SEX	Male Female	please indicate the di	etails.				100 F 17 1 - 17 1	-	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS BREY. BUNGA		use/Block/Lot Nuse/Block/Lot Nuse/Block/Bl		В	Street UNGA Barangay	21 2	
7. HEIGHT (m)	5 1/1	BAYBAY. GITY	00	BAYDA	44		LEYTE		
8. WEIGHT (kg)	85.5 KG	ZIP CODE	6521	City/Municipality	/		Province		
9. BLOOD TYPE	'A	18. PERMANENT ADDRESS							
10. GSIS ID NO.	CRX-006-0086-5672-2	BRGY, BUNGA		use/Block/Lot N			Street BUNGA		
11. PAG-IBIG ID NO.	1700-0025-7209	BRIGHT CITY	14	ubdivision/Village BATBA\ City/Municipality	7		Barangay LEYTE Province		
12. PHILHEALTH NO.	13-000015539-0	ZIP CODE	652	лку/матиорату 			Province		
13. SSS NO.	N.K.	19. TELEPHONE NO.	N/A	7					
14. TIN NO.	116-626-085	20. MOBILE NO.	NA						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		paroc	YAY	too.com.			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	PARON		23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	PRULA	NAME EXTENSION (JR., SR)	SARAH OPACION		PARON 03-25-1987				
MIDDLE NAME	CANO								
OCCUPATION	HOUSE WIFE						* /		
EMPLOYER/BUSINESS NAME	NA.								
BUSINESS ADDRESS	KA.							1,5	
TELEPHONE NO.	N.A.								
24. FATHER'S SURNAME	PABON	NAME EXTENSION (JR., SR)						,	
FIRST NAME	JEKNANDO.	INTINE EXTENSION (SR., SR)							
MIDDLE NAME	GALANO								
25. MOTHER'S MAIDEN NAME	1/1/24.0								
SURNAME	MIPAS								
FIRST NAME	PAULINA DALANON								
MIDDLE NAME	14			(C	ontinue on se	eparate sheet if neces	isary)		
III. EDUCATIONAL BACKG		· Comment of the state of the s	and have			HIGHEST LEVEL		SCHOLARSHIP/	
26. 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	ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY HIGH SCHOOL	N/A		1973	1978	GRATULATED	1978	NA	
SECONDARY	BAYBAY HIGH GLYBOL	NIA		1979	1989	GRADUATED		N/A	
VOCATIONAL / TRADE COURSE	KK	1							
COLLEGE	KA		***************************************						
GRADUATE STUDIES	MA								
AND THE RESIDENCE OF THE PARTY		continue on separate sheet if nec	essary)						
Taker race passes for a fine and a second representation	let		T			-			

IV. CIVIL S	ERVICE ELIGII	BILITY			1				4	
7. CARE	ER SERVICE/ RA 10	80 (BOARD/ BAR) UNDER	RATING	RATING DATE OF	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)		
BAI	SPECIAL LAW RANGAY ELIGIBILIT	Y / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of Validity	
	Con , all three gr	3.802.902.912.913.01		AND HELE HARE WATER AND THE				A Company		
				TATIMED SEE				Total	116/19	
	X. 4.									
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			e i S							
4		A 20		1000						
V. WORK E	EXPERIENCE		(Col	ntinue on separate sheet if	necessary)			1 4 18 - 701		
Include priv		t Start from your recen	work) Description	on of duties should be	indicated in the attach	ed Work Ex	CONTRACTOR OF COMPANY	t		
(m	m/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY S		STATUS OF	GOV'T SERVICE	
From	То				<u></u>		(Format *00-0*)/ INCREMENT	74 TONYIMENT	(Y/N)	
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		647	(Cont	tinue on separate sheet if n	ecessary)				A STATE OF THE STA	
SIGNA	TURE	alt		DATE	Oct 3, 70	18	CS FORM 212	2 (Revised 2017), P	age 2 of 4	

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34.	Are you related by consanguinity or affinity to the a his					
	chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	ate supervision over you in the Office,	,			
	a. within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - C	☐ YES ☑ NO				
-		arear Employeesy.	If YES, give details:			
			ii i Eo, givo dotano.			
35.	a. Have you ever been found guilty of any administrative of	offense?	☐ YES ☑ NO			
-			If YES, give details:			
			in red, give detaile.			
	b. Have you been criminally charged before any court?		YES NO			
De les			If YES, give details:			
			Date Filed: Status of Case/s:			
36	Have you ever been convicted of any crime or violation of	any law decree ordinance or regulation by				
50.	any court or tribunal?	any law, decree, ordinance of regulation by	I II IES MINO			
			If YES, give details:			
-	The state of the s					
31.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination,		YES NO			
	(abolition) in the public or private sector?	end of term, imished contract of phased ou	If YES, give details:			
38	a. Have you ever been a candidate in a national or local e	lection held within the last year (excent				
	Barangay election)?	issues riele main alle lest your (except	☐ YES			
	h Have you regigned from the government continued wine	th - th (2) th i - 1 h - f - (th - 1 h				
	b. Have you resigned from the government service during election to promote/actively campaign for a national or loc		YES NO			
_			If YES, give details:			
39.	Have you acquired the status of an immigrant or permane	nt resident of another country?	YES 🔀 NO			
Į.			If YES, give details (country):			
40	B 11 ()					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a.	Are you a member of any indigenous group?	z), please answer the following items.				
	740 you a monibor or any marganous group:		☐ YES			
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 applicar	nt /appointee)				
	NAME	ADDRESS	TEL. NO.			
a	20f: JOSUSITO L. LIM ATT. #54	The second secon	the state of the contract and the state of the contract and the state of the state			
		VSU-YISSA. BYRAY.UT				
01	2. POLDAN PIEDRANEARE	V XU VISCA BARAT. UTY BPGY, BUNNAP. BAPAT. GT				
16	2. POLDAN DE DRAVENDE	BREY BUXIGA BANKT. GT				
42.	I declare under oath that I have personally accomplished					
	statement pursuant to the provisions of pertinent laws,	rules and regulations of the Republic of	the Philippines I			
	authorize the agency head / authorized representative to	o verify/validate the contents stated herein	. I agree that any			
	misrepresentation made in this document and its attach against me.	ments shall cause the filing of administrat	ive/criminal case/s			
	agamoi me.	and the state of t				
G	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PL	EASE INDICATE ID Number and Date of Issuance					
Go	OVERNMENT ISSUED ID: VISAYAS CTATE UNIVERSITY	Met -				
	License/Passport No.: YOOOB80	<i>J</i>				
		Signature (Sign inside the box	X			
Da	te/Place of Issuance:	Date Accomplished	Right Thumbmark			
	100	0.0.0010				
	SUBSCRIBED AND SWORN to before me thisOCT	0 3 2018 , affiant exhibit	ing his/her validly issued government ID as indicated above.			
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	to a separation of the control of th	ATTY RYSAN C. GUINOCH	OR SHOW MAKE			
	.**	Person Administering Oath				
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