3									
CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET	Г				
WARNING: Any misrepresenta	tion made in the Personal Data Sheet and the V	Work Experience Sheet shall	cause the filin	g of adminis	strative/crim	inal case/s again	st the person	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHE					er in comment			
Print legibly. Tick appropriate boxes	(and use separate sheet if necessary. Indicate N				1. CS ID No.		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATIO)N								
2. SURNAME	MUAÑA								
FIRST NAME	ROGER				1-1-1-1	NAME EXTENSION (JR	L, SR) SENIOR	ere receipt to	
, MIDDLE NAME	TORCINO		1						
DATE OF BIRTH (mm/dd/yyyy)	3/1/1973	16. CITIZENSHIP		✓ Filipi	ino	Dual Citizenship		The state of the s	
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizer	The state of the s		by natural ountry:	ization			
5. SEX	✓ Male Female	please indicate the de	letails.			-			
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS		(D) - 1 (I - 1 M			0.1	- 0 4	
	Widowed Separated Other/s:			use/Block/Lot No SITIO LONOY	0.		SAN ISIDRO		
7 UEIOLE (*)		encontact talents	Sul	bdivision/Village BAYBAY)		Barangay LEYTE		
7. HEIGHT (m)	1.63		С	ity/Municipality			Province		
8. WEIGHT (kg)	64	ZIP CODE		21,-231,	20 20 11 11 11 11 11 11 11 11 11 11 11 11 11	6521-A	HIAM I		
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS	Hou	use/Block/Lot No	2	2.12	Street		
10. GSIS ID NO.	021-1942-5911-4	W11 21 4 10 10 10 10 10 10 10 10 10 10 10 10 10	3	SITIO LONOY bdivision/Village		SAN ISIDRO Barangay			
11. PAG-IBIG ID NO.	915232591031			BAYBAY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	13-0500062862-7	ZIP CODE	6521-A						
13. SSS NO.	06-2325840-4	19. TELEPHONE NO.		NONE				STREET,	
14. TIN NO.	286-657-374	20. MOBILE NO.	09263177821			sylini			
15. AGENCY EMPLOYEE NO.	V00844	21. E-MAIL ADDRESS (if any)		DRIVATION		NONE			
II. FAMILY BACKGROUND							A to a second		
22. SPOUSE'S SURNAME	MUAÑA		23. NAME of CHILDREN (Write full name and list all)		fist all)	DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	ELMA	NAME EXTENSION (JR., SR) III		REGINNE D. MUAÑA			11/6/2002		
MIDDLE NAME	DALANON	ARVONE SKAGRAD DATICE	SARAH JEAN D. MUAÑA				8/7/2005		
OCCUPATION	HOUSEWIFE	VIDUAN CHANAS		CHARISE	CHARISE D. MUAÑA			1/3/2013	
EMPLOYER/BUSINESS NAME	N/A	EMOUNT NO LIANCE 1000	CHARLINE D.		E D. MUAÑA		8/12/2016		
BUSINESS ADDRESS	N/A	and the second of the second control of the second of							
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	MUAÑA								
FIRST NAME	TOMAS	NAME EXTENSION (JR., SR)					-	- 11412	
MIDDLE NAME	BASARTE	SENIOR							
25. MOTHER'S MAIDEN NAME	D. CONTILL								
SURNAME	TORCINO								
	ANGELITA								
FIRST NAME									
MIDDLE NAME	SURINGA			(Co	ontinue on se _l	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	CARLOS P. GARCIA ELEMENTARY SCHOOL	PRIMARY EDUCATION	-	1980	1986		1986	NONE	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL		1986	1990		1990	NONE	
VOCATIONAL / TRADE COURSE	CONCORD TECHNICAL INSTITUTE	AUTOMOTIVE MECHANIC		1993	1994		1994	NONE	

main

NONE

NONE

COLLEGE

GRADUATE STUDIES

CICALATIDE

11-04-20

DATE

7. CARE	. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		DATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/CES/CSEE			(If Applicable)	EXAMINATION / CONFERMENT	ITION / CONFER	MENT	NUMBER	Date of Validity	
NC II AUTOMOTIVE SERVICING PASSED			PASSED	4/11/2013	TESDA, CAL	UBIAN, LEYT	Έ	1308030200432 9	4/11/2013
		a decopt of a g	than the second of the	un (1997) (2) (1)					
281 4			Base, 18 17 18 17 18 18	MONTAL STREET, MOTOR CO.	A RESIDENCE TO A CONTROL OF THE PERSON OF TH	1 100/2 74		at a great state	
									-1
							1		
11.00									
Specific direct		10-76 9000							
	1 165								
WORK	EVACAIENCE		(Co	ntinue on separate sheet i	f necessary)				
	EXPERIENCE vate employmen	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Experi	ience sheet.		
3. INCLUSIVE DATES (mm/dd/yyyy) POSITION TI (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)	
From 1/2020	TO	ADMINISTRATIV	E AIDE VI	VISAVAS ST	ATE UNIVERSITY	P15,524.00	6	TEMPORARY/	YES
	PRESENT			-	ATE UNIVERSITY			REGULAR TEMPORARY/	YES
1/2019	12/31/2019	ADMINISTRATIV				P14,847.00	6	REGULAR TEMPORARY/	
1/2018	12/31/2018	ADMINISTRATIV	E AIDE VI		ATE UNIVERSITY	P14,847.00	6	REGULAR TEMPORARY/	YES
1/2017	12/31/2017	HEAVY EQUIPMENT	OPERATOR I	VISAYAS ST	ATE UNIVERSITY	P12,155.00	4	REGULAR TEMPORARY/	YES
1/2016	12/31/2016	HEAVY EQUIPMENT	OPERATOR I	VISAYAS ST	ATE UNIVERSITY	P11,658.00	4	REGULAR	YES
1/2015	12/31/2015	HEAVY EQUIPMENT	OPERATOR I	VISAYAS ST	P11,181.00	4	TEMPORARY/ REGULAR	YES	
1/2014	6/30/2015	HEAVY EQUIPMENT	OPERATOR I	VISAYAS ST	P11,181.00	4	TEMPORARY/ REGULAR	YES	
0/16/2011	6/31/2014	DIESEL MAC	HANIC	VISAYAS ST	P350.00/DAY		JOB ORDER	YES	
/15/2008	3/31/2011	DIESEL MAC	HANIC	AUTOMATIC ORMOC BRANCH					NO
/24/2005	4/29/2008	DIESEL MAC	HANIC	HYPER AUTOMOTIVE ORMOC BRANCH					NO
/17/2002	9/23/2005	DIESEL MAC	HANIC	HYPER AUTOMOTIVE CEBU BRANCH					NO
/20/1999	5/4/2002	DIESEL MAC	HANIC	NK MOTORS					NO
/26/1997	8/25/1999	GAS/DIESEL M	ECHANIC	TOTAL CARCARE, INCORPORATED				× 1	NO
/8/1996	3/15/1997	MECHAN	IIC	888 HANDYMAN SERVICING					NO
/18/1995	2/20/1996	DELIVERY TRUC	K DRIVER	EMCOR APPLIA	NCE, INCORPORATED				NO
		000000							
			- 20 - 20 April 1998-1844 20				3,		
			(Co	ntinge on separate sheet	if necessary)				
SIGN	IATURE		Dun by	atto	DATE	11	04-2	20	

IV. CIVIL SERVICE ELIGIBILITY

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	LUNTARY OR	GANIZATIONS	5			
29. NAME & ADDRESS OF OI (Write in full)			SIVE DATES /dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
NONE			Company of the	n3 - 18 11.	.Cam.			
		-		100000000		P. John, J. J. Sert Step of Tent in 2		
	132.6							
		ontinue on separal		Y)				
VII. LEARNING AND DEVELOPMENT (L&D) I								
(Start from the most recent L&D/training program and included) 30. TITLE OF LEARNING AND DEVELOPMENT INTERPRETATIONS IN AUTOMOTION IN THE PROPERTY IN THE PRO	ERVENTIONS/TRAINING PROGRAMS	INCLUSION	VE DATES OF ENDANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY		
(Write in full		(mm/dd/yyyy) From To			Supervisory/ Technical/etc)	(Write in full)		
AUTOMOTIVE MECHANIC (GAS ENGINE	SKILLS ENHANCEMENT	5/10/1999	6/11/1999	160.0	SKILLS	TESDA 7 & AUTOMOTIVE SERVICE ASSOCIATION INC. OF CENTRAL VISAYAS		
ENGINE TROUBLESHOOTING OF	SUZU VEHICLES	8/12/2004	9/14/2004	170.0	SKILLS	ISUZU MOTORS MANDAUE CEBU		
On a 2			on the state of	et a company	ALIGN TON PE			
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						And the section of the description of the State Control of the State o		
				NELSON LIVE				
, where some experts		56.5						
7 6 3 A 1 1 3	1 00000000	ii estavira d	U TE SEXASS			ANGLE CONTRACTOR		
attrakias kar utai v	***************************************	C KUMANT	TRIALARI	1		ESPECIAL SM		
person bearing								
	And the second s							
		and the second second	112 20/11	Constitution				
	100	ontinue on separat	e sheet if necessar	VI				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DIST	TINCTIONS / RECOG	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
AIRCON REPAIR	1 2000	NO	NE			NONE		
The state of the s	(836) 141							
The language are a second of the second of t	Lode	pro constitution						
			X	- Production				
	(0	ontinue on separat	e sheet if necessar	y)				
SIGNATURE		AW	WHITE	D.	ATE	11-04-20		
	and the state of the state of	101	000			CS FORM 212 (Revised 2017), Page 3 of 4		

34.	Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - to a second content of the person who has immediately applicable of the person who	☐ YES ☐ NO ☐ YES ☐ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative	☐ YES ☐ NO If YES, give details:					
Est Maria	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?	of any law, decree, ordinance or regulation by	☐ YES ☐ NO If YES, give details:				
37.	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination (abolition) in the public or private sector?	n, end of term, finished contract or phased out	YES If YES, give details:	□ NO			
38.	a. Have you ever been a candidate in a national or local Barangay election)? b. Have you resigned from the government service during the service of the service o	☐ YES ☐ NO If YES, give details: ☐ NO ☐ YES ☐ NO					
39.	election to promote/actively campaign for a national or lost Have you acquired the status of an immigrant or perman	If YES, give details: ☐ YES ☐ NO If YES, give details (∞untry):					
40. a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	YES If YES, please specify: YES If YES, please specify II YES If YES, please specify II	NO NO				
41.	REFERENCES (Person not related by consanguinity or affinity to applie	cant /appointee)					
	NAME	ADDRESS	TEL. NO.	D nich wa takon within			
	DR. HENRY Y. GOLTIANO	VISAYAS STATE UNIVERSITY	9086866102	NEWS			
	MS. ALICE FLORES	VISAYAS STATE UNIVERSITY		n			
42.	I declare under oath that I have personally accomplic complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized rep agree that any misrepresentation made in this of administrative/criminal case/s against me.	ertinent laws, rules and regulations of the resentative to verify/validate the contents state	Republic of the ed herein.	is not acceptable PHOTO			
P	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	NO.	/_	Although			
IF	overnment Issued ID: DRIVER'S LICENSE) AND STATE OF THE	W	Mark State			
۱ŀ	ID/License/Passport No.: G01-94-179776 Signature (Sign/Inside the box) Date/Place of Issuance: BAYBAY CITY, LEYTE Date Accomplished Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this	ATTY. RYSAN C. GUINOCOL VSULEGAL OFFICER Person Administering Oar	}	overnment ID as indicated above.			