S Form No. 212 Revised 2017	PERSO	DNAL DAT	A SH	IEET					
		7 50.30							
oncerned.	tion made in the Personal Data Sheet and				ninistrative/	criminal case/s a	gainst the pe	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATAS () and use separate sheet if necessary. Indice	SHEET (PDS) BEFORE ACCOM ate N/A if not applicable. DO NOT	IPLISHING THI ABBREVIATE.		. CS ID No.		(Do not fill up. Fo	or CSC use only	
PERSONAL INFORMATIO									
2. SURNAME	CASTIL								
FIRST NAME	JHONAVEL					NAME EXTENSION (JR.,	SR)		
MIDDLE NAME	ROMBLON					NIA			
3. DATE OF BIRTH	FEBRUARY 23, 1995	16. CITIZENSHIP		T					
(mm/dd/yyyy)	FEDRUART 23. 1993	16. GITIZENSHIP		✓ Filipino	· 🗆	Dual Citizenship	by naturalization	ation	
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYTE	If holder of dual citiz	renship,			Pls. indicate co		adori	
5. SEX	☐ Male ☐ Female	please indicate the	details.	letails. Philippines				•	
	✓ Single	17. RESIDENTIAL ADDRESS	AF	PARTMENT NO.	1	KI	LBOURNE ST		
6 CIVIL STATUS	☐ Widowed ☑ Separate			ouse/Block/Lot No		Street PANGASUGAN			
	Other/s:			VSU, LOWER CAMPUS Subdivision/Village		PANGASUGAN Barangay			
7. HEIGHT (m)	1.55 m			BAYBAY City/Municipality	and the same of th		Province		
8. WEIGHT (kg)	65 kg	ZIP CODE	6521						
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Н	ouse/Block/Lot No			Street		
10. GSIS ID NO.	N/A						LEWING		
11. PAG-IBIG ID NO.	121143904491	The GOOD SANTAGE		ubdivision/Village			SOUTHER	N LEYTE	
12 PHILHEALTH NO.	03-025772050-7	ZIP CODE	6610	City/Municipality Province			Province	No. o	
13. SSS NO.	03-45123574-8	19. TELEPHONE NO.	(053) 557-077	53) 557-0773				95, 134	
14. TIN NO.	322-041-301-000	20. MOBILE NO.		0955-420-9673 / 0928-755-6851					
15. AGENCY EMPLOYEE NO.	V01208	21. E-MAIL ADDRESS (if any)		rjhonavel@yahoo.com					
II. FAMILY BACKGROUND			HITOTICATO	ice y unico.co					
22. SPOUSE'S SURNAME	N/A		23. NAME of C	CHILDREN (Write	full name and	list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy	
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	EROS GAV	/IN CASTIL			FEB. 26, 2019		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A							and the same	
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	CASTIL								
	NILO	NAME EXTENSION (JR., SR)							
FIRST NAME									
MIDDLE NAME	MATAFLORIDA		-						
25. MOTHER'S MAIDEN NAME	DOMEST OF THE PARTY OF THE PART		-						
SURNAME	ROMBLON								
FIRST NAME	REFELYN		(Continue on separate sheet if necessary)						
MIDDLE NAME	PALCO			(Co	ontinue on se	parate sheet if neces	ssary)		
III. EDUCATIONAL BACK	עאטטאפ							SCHOLARSHII	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEG (Write in fu				HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUC	ATION	2003	To 2007	GRADUATED	2007	SALUTATORI	
								"	

VOCATIONAL / TRADE COURSE N/A N/A MAGNA CUM LAUDE COLLEGE METRO MANILA COLLEGE BSBA-FINANCIAL MANAGEMENT 2011 2015 GRADUATED 2015 GRADUATE STUDIES N/A N/A Luma 6/08/2022 SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SE	ERVICE ELIG	BILITY						*	4
		RATING	DATE OF EXAMINATION /	PLACE OF EXAM	INATION / CONFER	MENT	LICENSE (if applicable)		
		(If Applicable)	CONFERMENT		IN (NOIT) CON LIV	MENT #	NUMBER	Date of Validity	
НОІ	HONOR GRADUATE ELEGIBILITY			N/A		N/A		1001131602017	3/27/2015
				PERMITTEN TO THE STATE OF					
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				(Continue on separate shee	at if necessary)				
	XPERIENCE			e continues a second	ar mark a series series				
	ate employme JSIVE DATES	nt. Start from your recent	t work) Description	n of duties should be	indicated in the attach	ed Work Experi	SALARY/ JOB/ PAY		
	m/dd/yyyy)	POSITION T (Write in full/Do not			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	011070450 050/405 4	COLOTANIT	MADKET OTDATEO	IO FIDM	40,000,00	INCREMENT	DDODATIONADY	
5/13/2015	10/5/2015	CUSTOMER SERVICE A	SSISTANT	MARKET STRATEG	C FIRM	13,338.00	N/A	PROBATIONARY	NO
10/13/2015	12/31/2016	FINANCIAL ANALYST 1	TANIT	DSWD-NCR MQ MEDIAZONE PR	OCCUCTIONS	18,549.00	SG-9	MOA	YES
2/1/2017	3/15/2018	ADMINISTRATIVE ASSIS		-		11,000.00	N/A		NO YES
8/16/2018	5/31/2020	ADMINISTRATIVE AIDE		VISAYAS STATE UNIVERSITY		9,659.36	N/A	J.O	-
6/1/2020	PRESENT	ADMINISTRATIVE AIDE	III	VISAYAS STATE UN	IIVERSITY	11,243.63	SG-3	CASUAL	YES
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SIGN	IATURE		Luma		DATE		108/2029	CS FORM 212 (Revised	2047) Page 24

22 MARIE ADVISORS OF COMMUNICATION	VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT / F	PEOPLE / VOL	UNTARY OR	GANIZATIONS			
NONE Page P			(mm/de	d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
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TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONATIONAL CAPITAL TOTAL TO	Start from the most recent L&D/training program and inc	llude only the relevant L&D/training taken for			hiet/Executive/Mana			
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Interest	(white it	iunj			180 (219 / 229		(wille ill full)	
Interest								
FMU General Assembly cum Teambuilding 12/2/16 12/3/2016 16 hrs. Technical DEPARTMENT OF SOCIAL WELFARE & DEVELOPERENT NATIONAL CAPITAL REGION Finance Management Unit 1st Semestral Program Implementation Review CV 2016 Roll-Out Training on the Implementation Government Accounting Manual S13/2016 Roll-Out Training on the Implementation Government Accounting Manual S13/2016 Orientation on the National Cultural Heritage Act of 2009 4/19/2016 Bottom-Up Budgeting Year-End Implementation Review 2/23/2016 Bottom-Up Budgeting Year-End Implementation Review 2/23/2016 Training on Project Management for BUB Field Staff 1/21/2013 1/23/2015 1/23/2015 A hrs. Technical DEPARTMENT OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION Training on Project Management for BUB Field Staff 1/21/2013 1/23/2015 1/23/2015 A hrs. Technical DEPARTMENT OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION DEPARTMENT OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION DEPARTMENT OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION NOTE OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION SEARCH MANAGEMENT OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION NOTE OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION NOTE OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT-ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT ANTONAL CAPITAL REGION OF TRAINING OF SOCIAL WELFARE & DEVELOPELEMENT ANTONAL CAPITAL REGION OF TRAINING		t Financial Management Innovators	11/18/2021	11/19/2021	8 hrs.	Technical	VISAYAS STATE UNIVERSITY	
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SIGNATURE DATE		(Cor	ntinue on separate	sheet if necessal	ry)			
	SIGNATURE				Di	ATE		

-							
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,	3					
	a. within the third degree?	YES NO	,				
	b. within the fourth degree (for Local Government Unit - Care	YES NO	*				
			If YES, give details:				
25	a. Have you ever been found guilty of any administrative offe	nse?					
30.	a. Have you over been round guilty of any administrative one	☐ 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 an	v law decree, ordinance or regulation by					
30.	any court or tribunal?	y lan, accrec, cramance or regulation by	☐ YES ☑ NO If YES, give details:)			
37.	Have you ever been separated from the service in any of the		✓ YES NO	0			
	retirement, dropped from the rolls, dismissal, termination, end (abolition) in the public or private sector?	d of term, finished contract or phased out	If YES, give details: FINISHED CONTRACT				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	tion held within the last year (except	☐ YES ☑ If YES, give details:	NO			
	b. Have you resigned from the government service during the	e three (3)-month period before the last	☐ YES ☑	NO			
	election to promote/actively campaign for a national or local or		If YES, give details:	16.2 - 1.48.1			
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO				
			If YES, give details (countr	y):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?		☐ YES ☑	NO			
b.	Are you a person with disability?		If YES, please specify: ☐ YES ✓ NO				
			If YES, please specify ID No:				
C.	Are you a solo parent?		✓ YES				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.	-			
MA.	ENCARNACION V. QUADRA	QUEZON CITY MANILA	09178830085				
MAI	RILYN S. CANUEL	SAMPALOC, MANILA	09432024794				
WIL	MA B. NAPIERE	BRGY. GUADALUPE, BAYBAY CITY	® 9359633220				
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and				
	complete statement pursuant to the provisions of pertine	ent laws, rules and regulations of the	Republic of the				
	Philippines. I authorize the agency head/authorized represer						
	agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ment and its attachments shall caus	se the filing of	РНОТО			
				.025X.			
	Sovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) **LEASE INDICATE ID Number and Date of Issuance**	_					
۱H	tovernment Issued ID: SSS						
۱ŀ							
۱ŀ	0/License/Passport No.: CRN-0111-4863951-0	oox)	Millittee.				
P	ate/Place of Issuance: OCTOBER 27, 2015		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued governme	ent ID as indicated above.			
		Al.					
		th					