CS Form No. 212 Revised 2017	ı							
	PERSO	DNAL DAT	A SH	IEET				
	ation made in the Personal Data Sheet and th							
					nnai casers again	ist the person	concerned.	
	E TO FILLING OUT THE PERSONAL DATA SHE es () and use separate sheet if necessary. Indica			PDS FORM.		(Do not fill up. F	For CSC use o	
I. PERSONAL INFORMATIO	ON							
2 SURNAME	IGOT							
FIRST NAME	LEODEL				NAME EXTENSION (JR	t., SR)		
MIDDLE NAME	SORIA				Annual management and a second			
3. DATE OF BIRTH (mm/dd/yyyy)	8/15/1981	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:			etion	
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citiz	tenship,				un/T1	
5. SEX	☑ Male ☐ Female	please indicate the	details.					
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS	T	1				
O OTTLE OTTLE	☐ Widowed ☐ Separated		Ho	ouse/Block/Lot No.		Street Brgy Marcos	-	
	Other/s:	and the control of the Co	St	ubdivision/Village		Barangay		
7. HEIGHT (m)	1.524 m			Baybay City/Municipality		Leyte Province		
8. WEIGHT (kg)	60 kg	ZIP CODE	6521	Lagaz girke en en		12-11 7	h. 11	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Ho	ouse/Block/Lot No.		Street		
10. GSIS ID NO.		STATES OF THE ST				Brgy Marcos		
11. PAG-IBIG ID NO.				ubdivision/Village Baybay		Barangay Leyte	NEW PARTY AND DESCRIPTION OF THE PARTY AND DE	
12 PHILHEALTH NO.	13-000103267-5	ZIP CODE		City/Municipality		Province		
			6521					
13. SSS NO.	NA	19. TELEPHONE NO.						
14. TIN NO.	933-242-063	20. MOBILE NO.	09350614852					
15. AGENCY EMPLOYEE NO.	V0151	21. E-MAIL ADDRESS (if any)	leodeligot	t476@gmail.com				
II. FAMILY BACKGROUND	0							
22 SPOUSE'S SURNAME	IGOT		23 NAME of CH	HILDREN (Write full name and		DATE OF BIRT	TH (mm/dd/yyy	
FIRST NAME	MARIA CHRISTY	NAME EXTENSION (JR., SR)		RON JAMES B. IGO		6/18/2005		
MIDDLE NAME	BAGARINA	10	KEVIN JOSH B. IGOT			2/3/2	2012	
OCCUPATION	OFW		-					
EMPLOYER/BUSINESS NAME	NA NA							
BUSINESS ADDRESS	HONGKON	IG						
TELEPHONE NO.	NA NA				macate and a second			
24. FATHER'S SURNAME	IĞÔT							
FIRST NAME	LEOPOLDO	JR						
MIDDLE NAME	POSAS							
25. MOTHER'S MAIDEN NAME	BORELA		-					
SURNAME	IGOT							
FIRST NAME	DELIA							
MIDDLE NAME	BORELA	BORELA			eparate sheet if neces	ssary)		
III. EDUCATIONAL BACK	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGI (Write in full)		PERIOD OF ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSH ACADEMIC HONORS RECEIVED	
Programme Commence of the Comm				From To			TEGETTEG	

ELEMENTARY SAN AGUSTIN ELEMENTARY SCHOOL, BAYBAY CITY 6/1/1988 3/1/1994 NA NA 1994 NA SECONDARY BAYBAY NATIONAL HIGH SCHOOL, BAYBAY CITY NA 6/1/1994 3/1/1998 NA 1998 NA VOCATIONAL / TRADE COURSE NA NA NA NA NA NA NA COLLEGE GRADUATE STUDIES

SIGNATURE

DATE 01-4 - 24 CS FORM 212 (Revised 2017), Page 1 of 4

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF		LICENSE (if applicable)				
BA		AWS/ CES/ CSEE ILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT ,	NUMBER	Date of
	N	A							Validity
		Α							

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		omen mill fill kartnin a statistism sopriklassen krall upsakrat troppision och plantig krall skrigt seks bestyd och be		Samurinasi kalaun k	ernomen erretten gotten antikale en de skalterne de konstantikon besten besten de die die konstant		internacional del compressione del compr		A DOMESTIC STATISTICS AND ADDRESS AND ADDR
				-500					
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE		work) December	of duties should be	indicated in the assumb-	IW-t-F			
	USIVE DATES	ent. Start from your recent	Work) Description	or auties snovia de	Indicated in the attached	Work Expe	SALARY/ JOB/ PAY		
	m/aid/yyyy)	POSITION TI (Write in full/Do not		DEPARTMENT / AGE (Write in full	MONTHLY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То	1 (Wille ii) Idiii Bo Not	azironaloj	(PPTITE III TOIL	roo not appreviate)	DALANT	(Format *00-0*)/ INCREMENT	AFFORTIMENT	(Y/ N)
3/1/2023	12/31/2023	Administrative	Aide 1	NCRC-V		11818.20	SG-1	CASUAL	YES
9/1/2013	2/28/2023	UTILITY; MESSENGER; (CARPENTER; ETC	VISAYAS STATE (UNIVERSITY HOSPITAL	5500.00		JOB ORDER	YES
3/15/2003	8/15/2013	CARPENT			EVICES DIVISION	4400.00	NA		
3/13/2003	0/13/2013	CARPENT	<u> </u>	GENERAL 5	EAICES DIAISION	4400.00	NA	JOB ORDER	YES
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SIGNA	TIIPE	J. 7A	Con	linue on separate sheet if	necessary) DATE	<u></u>	-11-	0.1	
JIGNA	TORE	~ W			DATE	0			471 Page 7 =2
	- 11	JA						FORM 212 (Revised 20	17), Page 1

IV. CIVIL SERVICE ELIGIBILITY

/I. VOLUNTARY WORK O	R INVOLVEMEN	T IN CIVIC / NON-GOVERNMEN	T/PEOPLE/V	OLUNTARY (ORGANIZATIO	ON/S	
29. d	NAME & ADDRESS OF (Write in f		INCLUSIO (mm/d	VEDATES (d/yyyy) To	NUMBER OF HOURS		POSITIONS NATURE OF WORK
	NA		NA	NA	NA		NA
				Control of the Contro			
				and the second		P	
	Andrew Charles and the charles of the Benderic and the Charles of						
J. FADNING AND DEN	El ADVIENT II O	(Ce	ontinue on separate	sheet if necessary)		
		D) INTERVENTIONS/TRAINING F ude only the relevant L&D/training taken for			f/Executive/Manage	erial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INT (Writes in fi			ATTEN (mm/c	EDATES OF IDANCE IDANCE	NUMBER OF HOURS	Type of LD (Manageriel/ Supervisory/ Technical/etc)	CONDUCTED/SPONSORED BY (Write in full)
Fire and E	arthquake Drill Via Go	pogle Meet (Online)	Oct. 22, 2021	To Oct. 22, 2021	8.0	Technical	Bureau of Fire Protection c/o FERNANDO A. MANI S/INSP 8FP Acting City Fire Marshal
general had trides licens a spectrus belleves the high suit and describe a spectrus process.							
v			-				Pagestations
					7-1		
			Times				The second process of the second
							11/4/4/14/2014
		100 p 83 63 8 3 8 3					
Section (Annual Continue Conti							
non 8 tarder		8		JA JA DO			
Effa , Yalama (palanta)							
1995							
Totocol	and the second second	(C	ontinue on separate	sheet if necessar	y)		
II. OTHER INFORMATI	ON						MEMBERSHIP IN ASSOCIATION/ORGANIZATI
31. SPECIAL SKILLS	and HOBBIES	32 N	ON-ACADEMIC DIST (Wr	INCTIONS / RECO ite in full)	GNITION		33. (Write in full)
Carpentry, W	elding	n/a				ADPA	
			1				
72450 124628				1202	MAL ET		
			Continue on separat	e sheet if necessa	ny)		
SIGNATU	IRE	1 Z. H	-			DATE	1-11-2023

34.	Are you related by consanguinity or affinity to the appointing or rechief of bureau or office or to the person who has immediate sup Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career E	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offense	☐ 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 any lar any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the follo dropped from the rolls, dismissal, termination, end of term, finished in the public or private sector?		yes ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the threelection to promote/actively campaign for a national or local cand	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent resid	☐ YES ☑ NO If YES, give details (country):					
a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna C 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), plea Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appoint	itee)					
	NAME	ADDRESS	TEL NO.				
	JAN ANA B. MASENDO	GUADALUPE, BAYBAY	9171080150				
	MERRY CHRIST'L S. GUINOCOR	VSU, VISCA, BAYBAY	9566530545				
	DR. ELWIN JAY V. YU	9357882192					
42,	I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent la Philippines. I authorize the agency head/authorized representativ agree that any misrepresentation made in this document administrative/criminal case/s against me.	aws, rules and regulations of the laws, rules are required to the regulations of the laws, rules are required to the regulations of the laws, rules are required to the results are requ	Republic of the	I st			
Go	Divernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance Divernment Issued ID: H03-07002376 //License/Passport No.: Drivers License tet/Place of Issuance: Baybay City	Signature (Sign inside the bo 1-11-2023 Date Accomplished	x)	Right Thumbmerk			
	SUBSCRIBED AND SWORN to before me this	JAN 2024 , affiant exhibitin ATTY. RYSAY C. GUINOCOR VSU CYPE Legal Officer	g his/her validly issued govern	nment ID as indicated above.			
			CS FORM 212 (Devision) 2017). Prove 4 of				

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998–Present. Work experience should be listed from most recent first.

Sample:

- Duration: March 1, 2023-present
- · Position: Utility/laborer
- Name of Office/Unit:National Coconut Research Center-Visayas
- · Immediate Supervisor: Dr. Marisel Leorna
- Name of Agency/Organization and Location:
 - List of Accomplishments and Contributions (if any)
- Duration: March 1, 2023 to present
- · Position: Admin. Aide I
- Name of Office/Unit: Engineering Section, National Coconut Research Visayas, VSU
- · Immediate Supervisor: Mencius B. lesidan
- Name of Agency/Organization and Location:
 - . NCRC-V, VSU, Baybay City, Leyte
 - · Summary of Actual Duties
 - Operates chainsaw in cutting trees for lumber
 - Fabricate machine
 - Operates grasscutter in maintaining the assigned area.
 - Does what supervisor has assigned.

(Signature over Printed Name of Employee/Applicant)

Date: 01-07 -24