Form No. 212 rvised 2017 ARNING: Any misrepresental	PERSO	ONAL DAT			s against the pen	eon concerned.	
SAD THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHEE	T (PDS) BEFORE ACCOMPLE	SHING THE POS FORM			(Do not fill up. For C	
ant legibly. Tick appropriate boxes		A II II II I I I I I I I I I I I I I I					
SURNAME	GODMALING						
FIRST NAME	DENMARK			. N	AME EXTENSION	N (JR., SR)	
MIDDLE NAME	LLOREN	Management and the second seco					
3 DATE OF BIRTH (mm/dd/yyyy)	5/10/1997	18 CITIZENSHIP		1	Dual Citizenship]by naturalizatio	жı
4. PLACE OF BIRTH	BRGY. CONALUM, INOPACAN, LEYTE	if holder of dural			Pls. indicate cou	intry:	
5. SEX	☑ Male ☐ Fernale	please Indicate		Philippines		AllA	*
6 CIVIL STATUS	✓ Single	17, RESIDENTIAL ADDRESS	House/B	MA lockLof Ho NA sionVillage		N/A Street ONALUM Barangay	
7. HEIGHT (m)	1.7373		INOI	ACAN	and the second second second second second	LEYTE Province	description and process
The second secon	65	ZIP CODE	CRYA	unicleality 6522		PTGHINGS	
8 WEIGHT (kg)		18. PERMANENT ADDRESS		N/A	THE PROPERTY OF THE PARTY OF TH	N/A	***************************************
9. BLOOD TYPE	NA			lock/Lat No. N/A	C	Street ONALUM	
10. GSIS ID NO.	NA			sion/Village		Barangay LEYTE	
11. PAG-IBIG ID NO.	121238413524		CityA	INOPACAN		Province	
12. PHILHEALTH NO.	1325052772009	ZIP CODE	652		2		
13 SSS NO.	3480960165	19. TELEPHONE NO.	N/A				
14. TIN NO.	353884938000	20. MOBILE NO.	09535616839				
15, AGENCY EMPLOYEE NO.	NA NA	21. E-MAIL ADDRESS (if any)	dengodmaling@gmail.com				
18 5 1,118,5 6 (6 Ketto)ny	ii)	and the second second					
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (DATE OF BIRTH	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A-		NA	
MODLE NAME	N/A			Commence of the Commence of th			-
OCCUPATION	N/A						
EMPLOYER/BUSINESS NAME	N/A						-
BUSINESS ADDRESS	N/A						
TELEPHONE NO:	NA						
24 FATHER'S SURNAME	GODMALING	NAME EXTENSION (JR., SR)			augustakken et vor varaankelijaskeliste		-
FIRST NAME	NOEL	MARKE EXTENSION (SILL, SILV)					-
MADDLE NAME	OBADO						-
25. MOTHER'S MAIDEN NAME							
SURNAME	LLOREN					-	
FIRST NAME	TERESITA		-	Continue on sensesh	sheet if nacessary)		
MODILE NAME	PETEROS		(Continue on separate sheet if necessary)				

LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF A	TTENDANCE	UNITS EARNED (d not graduated)	YEAR GRADUATED	
LEVEL	(Write in full)	(Assisting as serie)	From To		(a not great		RECEIVED
ELEMENTARY	CONALUM ELEMETARY SCHOOL	PRIMARY EDUCATION	2004	2010	COMPLETED	2010	7th HONOR
SECONDARY	CONALUM NATIONAL HIGHSCHOOL	SECONDARY EDUCATION	2010	2014	COMPLETED	2014	7th HONO
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A 2014	N/A 2018	N/A COMPLETED	N/A 2018	N/A N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT EDUCATION mejor in Agricultural Extension					
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRICULTURAL EXTENSION minor in Agricultural Education	2022	2024	COMPLETED	2024	N/A
		(Continue on separate sheet if necessary)					
SIGNATURE		alue	DATE		July 9, 2024		

CS FORM 217 (Revised 2017), Page 1 of 4

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CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING DATE OF EXAMINATION / CONFERMENT		PLACE OF EXAMINATION / CONFERNMENT			NUMBER	Date of Validity
BARANGAY ELIGIBILITY / DRIVER'S LICENSE CENSURE EXAMINATION FOR AGRICULTURISTS		81.17	NOVEMBER 9-11, 2021	LINO GONZAGA AVE.,DO			0038087	Valid until 10/05/2025	
(henes	cadalet			(Continue on separate sho	eeld necessary) dicessed in the attached Wo	4 Constant	o sinad		
INCLUS (mr	SIVE DATES haddyyyy)	POSITIO (Write in full/Do	N TITLE	DEPARTMENT / A	GENCY / OFFICE / COMPANY full/Do not abbreviate)	MOITHLY SALARY	SALARTI KIBI PRE CPACE S applicable STEP Frame "SOTY surpement	STATUS OF APPGINTMENT	SOM SERVIC (MIN)
9/19/2022	05/27/2024	GRADUATE TEAC	HING ASSISTANT	VISAYAS STATE UNIVERSITY		14000.00	N/A	CONTRACTUAL	Y
3/16/2022	08/31/2022		DMINISTRATIVE ASSISTANT I		DEPARTMENT OF AGRICULURE- REGIONAL FIELD OFFICE 8			CONTRACTUAL	Y
9/16/2019	10/31/2020	CUSTOMER SERVIC	E REPRESENTATIVI		LEGATO HEALTH TECHNOLOGIES			PERMANENT	N
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NAME & ADDRESS OF ORGANIZATION (WITH IN TUT)			(non/ds/yyyy) From To		POSITION I NATURE OF WORK		
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OBE SYLLABUS WRITING WORKSHOP		1/7/2024	2/7/2024	16	TECHNICAL	VISAYAS STATE UNIVESRITY	
2nd ABAN-TEKNOLOHIYA-ACADEMIC FIRESIDE	CHAT	03/20/2024	03/20/2024	8	TECHNICAL	VISAYAS STATE UNIVESRITY	
EXTENSION DELIVERY SYSTEM		06/26/2023	06/30/2023	40	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE	
VALUATION OF THE EXTENSION SERVICE DELIVERY S ABACA INDUSTRY IN EASTERN VISAYAS	YSTEM OF THE	9/2/2023	9/2/2023	8	TECHNICAL	PHILIPPINE FIBER DEVELOPMENT AUTHORITY	
LICENSURE EXAMINATION FOR AGRICULTURIST RE		09/17/2022	09/17/2022	8	TECHNICAL	VISAYAS STATE UNIVESRITY	
	MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND						
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MIL OTHER INFORMATION		(Continue on sep	arete sheet ii nac	essaryj			
112	N	ON-ACADEMIC DIS	TINCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT	
STRONG VERBAL AND WRITTEN		N/A					
COMMUNICATION SKILLS STRONG TIME MANAGEMENT AND ORGANIZATIONAL SKILLS		, P	UA .				
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SIGNATURE	udne	we			DATE	July 9, 2024 CS FORM 212 (Paymed 2017), Pag	

2	1	/ /// .				
Transportation and the second	SUBSCRIBED AND SWORN to before me this	9 JUL 2024 affant exhi	biting his/her validly issued government ID as i	indicated above.		
passecuta	Date/Place of Issuance: 02/07/2022/STA. ROSA, LAGUNA	Date Accomplished		ht Thumbmark		
Contract Con	D/License/Passport No: 0038087	Signature (Sign inside the 07/09/2024				
1	Government Issued ID: PROFESSIONAL IDENTIFICATION CARD	nemaline	1			
1	PLEASE INDICATE ID Number and Date of Issuance					
	administrative/criminal case/s against me.					
42	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document of the provisions of pertine Philippines.	ent laws, rules and regulations of the ntative to verify/validate the contents sta	ted herein.	Photo		
	LIJUERAJ J. CUADRA	BAYBAY CITY, LEYTE	9567922509	M		
	KAREN LUZ P. YAP	BAYBAY CITY, LEYTE	9953602091	2		
	MARIA RUFELIE S. GULA	TACLOBAN CITY, LEYTE	9171161565	9.5		
-	NAME	ADDRESS	TEL NO.			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)				
	Are you a person with disability? Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:			
	Are you a member of any indigenous group?	TYES NO				
0.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), pl	a Carta for Disabled Persons (RA lease answer the following items:				
9.	Have you acquired the status of an immigrant or permanent re	YES NO If YES, give details (country):				
(have you resigned from the government service during the telection to promote/actively campaign for a national or local ca 	☐ YES ☑ NO If YES, give details:				
a	Have you ever been a candidate in a national or local election arangay election)?	n held within the last year (except	☐ YES ☑ NO If YES, give details:			
d	lave you ever been separated from the service in any of the for ropped from the rolls, dismissal, termination, end of term, finis in the public or private sector?	YES NO If YES, give details: RESIGNATION				
	ave you ever been convicted of any crime or violation of any la ny court or tribunal?	aw, decree, ordinance or regulation by	☐ 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:				
a.	Have you ever been found guilty of any administrative offense	· · · ·	If YES, give details:			
	within the fourth degree (for Local Government Unit - Career E	YES NO If YES, give details:				
	within the third degree?		YES NO			

WORK EXPERIENCE SHEET

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

- 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.
- Duration: September 19, 2022 May 27, 2024
- · Position: Graduate Teaching Assistant
- Name of Office/Unit: Department of Agricultural Education and Extension
- · Immediate Supervisor: Dr. Lijueraj J. Cuadra
 - Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - Conducted classes on Agricultural Extension subjects for BS in Agriculture students
 - Recorded and computed grades of students
 - Facilitated trainings related to the department's extension projects
 - Served as review master for LEA at VSU Review Center
 - Summary of Actual Duties
 - As Graduate Teaching Assistant, I handled classes for BS in Agriculture students.
- Duration: March 16, 2022 August 31, 2022
- Position: Administrative Assistant I
- · Name of Office/Unit: Research Division
- · Immediate Supervisor: Maria Rufelie S. Gula
 - Name of Agency/Organization and Location: DA-RFO 8 in Kanhuraw Hill, Tacloban City
 - List of Accomplishments and Contributions (if any)
 - Assisted the PRISM Project IT Focal Person in the database management and other IT related activities of the project
 - o Assisted in the metadata gathering and monitoring visits of the project
 - o Conceptualized, Encoded, Printed of project documents such as programs, reports, knowledge products, etc.
 - Facilitated preparation, monitored and reported updates of various administrative-related works
 - Summary of Actual Duties
 - As Administrative Assistant I, I assisted administrative work in the office. I processed papers in a timely manner and made sure the accuracy.
- Duration: September 16, 2019 October 31, 2020
- · Position: Customer Service Representative I
- Name of Office/Unit: Provider Services
- Immediate Supervisor: James Marlon Manabat, RN
 - Name of Agency/Organization and Location: Legato Health Technologies Philippines Inc. in Taguig City, Metro Manila
 - List of Accomplishments and Contributions (if any)
 - Answered incoming calls from doctors and nurses
 - Assisted healthcare providers with requests for patient's information, complaints, making appointments, and resolving issues

- Summary of Actual Duties
 - As Customer Service Representative I under Provider Services, I provided patient's health insurance information such as eligibility, benefits, and claim.

DENMARK L. GODMALING (Signature over Printed Name of Employee/Applicant)

Date: 07/09/2024