CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEET				
concerned.	tion made in the Personal Data Sheet and the				riminal case/s ag	gainst the perso	on	
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHEE () and use separate sheet if necessary. Indicate N	A if not applicable. DO NOT A	BREVIATE.	1. CS ID No.		(Do not fill up. For	CSC use only)	
I. PERSONAL INFORMATIO		•						
2. SURNAME	GUMAOD							
FIRST NAME	SOLIVER				NAME EXTENSION (JR.	, SR) NA		
MIDDLE NAME	BANAYAG							
DATE OF BIRTH (mm/dd/yyyy)	8/22/1984	16. CITIZENSHIP	ZENSHIP		☐ Dual Citizenship☐ by birth☐ by naturalization		ition	
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citize	nship,		Pls. indicate country:		icion i	
5. SEX.	✓ Male Female	please indicate the c	etails.					
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		NA use/Block/Lot No. NA lbdivision/Village	NA Street Cabalasan Barangay			
7. HEIGHT (m)	1.23 m			Baybay Sity/Municipality			Leyte Province	
8. WEIGHT (kg)	65 kg	ZIP CODE	6521					
9. BLOOD TYPE	Type "A"	18. PERMANENT ADDRESS	Ho	use/Błock/Lot No.		Chroni		
10. GSIS ID NO.	BP# 2005804533	MARION TONON		To regarding to the co		Street Sabang		
11. PAG-IBIG ID NO.	918171899293	The section of the Section Con-	Subdivision/Village Baybay			Barangay Leyte		
12. PHILHEALTH NO.	07-025424015-8	ZIP CODE	City/Municipality 6521			Province		
13. SSS NO.	06-2588862-3	19. TELEPHONE NO.	NA					
14. TIN NO.	939-652-408	20. MOBILE NO.	0936-841-3196					
15. AGENCY EMPLOYEE NO.	V01234 21. E-MAIL ADDRESS (if any)			soliver4u2@yahoo.com.ph				
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME			23, NAME of Ch	HLDREN (Write full name and	list all)	DATE OF BIRTH	(mm/dd/yyyy)	
FIRST NAME	NA	NAME EXTENSION (JR., SR)						
MIDDLE NAME			NA			NA		
OCCUPATION								
EMPLOYER/BUSINESS NAME			1					
BUSINESS ADDRESS				9				
TELEPHONE NO.								
24. FATHER'S SURNAME			100					
FIRST NAME	GUMAOD (DECEASED)	JR						
MIDDLE NAME	CELSO							
25. MOTHER'S MAIDEN NAME								
SURNAME	BANAYAG							
FIRST NAME	FELINA						-	
MIDDLE NAME	LLANO		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	

Visca Foundation Elementary School Primary Education 1992 1997 1997 NA ELEMENTARY Graduated SECONDARY LSU LABORATORY HIGH SCHOOL Secondary Education 1998 2002 Graduated 2002 NA VOCATIONAL I TRADE COURSE DUALTECH LEARNING CENTER ELECTROMECHANICS TECHNOLOGY 2005 2005 NA 2003 Graduated NA NA NA NA NA NA COLLEGE NA NA NA GRADUATE STUDIES NA NA NA (Continue on separate sheet if necessary) SIGNATURE DATE

SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	EXAMINATION /	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			NI IMPED	Date of	
BARANGAY ELIGIBILITY/DRIVERS LICENSE		CONFERMENT				NUMBER	Validity		
DRIVERS LICENSE NA		NA	N	IA		H03-05-001861	8/22/2022		
	a designed the second				-				
				A THE REAL PROPERTY AND ADDRESS OF THE PER					

v. Work i	EXPERIENCE		(CC	ontinue on separate sheet i	r necessary)				
	STATE OF THE PERSON NAMED IN COLUMN 2 IN C	Start from your recent	t work) Description	n of duties should be i	indicated in the attached	Work Exper	salaryi jobi pay		
	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(write in idino riot	abbleviale)	(White in fall)	DO NOT ADDITIONATE	3.5	(Format "00-0")/ INCREMENT		(Y/N)
9/22/2020	PRESENT	Admin. Ajo	de III	USHER - VSU	, Baybay City Leyte	P 13,018	111	Casual	Yes
6/2/2018	9/21/2020	Admin. Ai	de I	GSD - VSU, I	Baybay City, Leyte	P 9,954	NA	JO	Yes
7/7/2014	12/31/2014	Driver Purc	haser		SU, Baybay City Leyte	P 13,000	NA	JO	Yes
1/4/2013	02-30-14	Driver - Sale	esman		ng, Brgy Sabang, Baybay ny, Leyte	P 18,000	NA	JO	No
7/24/2006	8/7/2007	JR. HVAC ME	CHANIC		21 LLC	P 35,000	NA	OFW	No
	1000					3- 1-			
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William -						9 9			
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<i>Ja</i> 1	1			to Buston i minus					
		- /.		ontinue on separate sheet	Day to Vice College with the reservoir		lues on none		
SIGN	IATURE	to	1.		DATE		June 20, 2022	CS FORM 212 (Revised 2	017) Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMEN	IT IN CIVIC / NON-GOVERNMEN	IT/PEOPLE/V	OLUNTARY	ORGANIZATI	ON/S	
29. NAME & ADDRESS OF (Write in f			(E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
NA						NA
	ş (1) (1)					
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				i de la companya de l		
	3					
		ontinue on separate)	l	
VII. LEARNING AND DEVELOPMENT (L&) Start from the most recent L&D/training program and inc					nagerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PRO (Write in full)		INCLUSIVE	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Fire Totals Operation Com	:/D-:W D# (I	From	То	0.0		Vi-
Fire Truck Operator Sem		12/6/2019	40/40/0040	8.0	Technical	Visayas State University
Standard First Aid Training - H		10/16/2019	10/18/2019	24.0	Technical	Department of Health
Basic Life Support Pro		9/5/2019	9/6/2019	16.0	Technical	Department of Health
Fire Truck Operator Sen		7/26/2019	A Park Control	8.0	Technical	Visayas State Univeristy
Mandatory Training for		11/5/2019	11/9/2018	40.0	Technical	Bureau of Fire Protection
Basic Safety Tr		3/1/10		el., es mi		
Personal Survival To						Maritime Education and Training Center
Fire Prevention and F	Fire Fighting	2/20/2006	2/28/2006	64.0	Technical	University of Cebu
Elementary Fire	st Aid	1 2772 3 14	1 364			
Personal Safety and Soci	al Responsibility					
	- 1					
alla le	1 0001 00 1			3		
					17.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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10.15.150					DESIGNATION OF THE PERSON OF T	
Terror agents						
2/2 2/2 1/2 1/2		A STATE OF THE STA	-1-07-000			
minimum and art.				Va. 1 (8) (1)		
W. 071/2011	(C	ontinue on separate	sheet if necessar	y)		
VIII. OTHER INFORMATION		ON A CARLES DICT	NOTIONS APPRO	CNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTI (Wri	te in full)	SHITION	the state of the state of the	33. (Write in full)
Driving						
Electrician	NA NA				NA	
Fire Brigade						
	To the second se	The table section	E SAC			
	in the series of the series		SEU'S O	JA D U		
			e a light of the tracks for			
O/AUAT/IDE	,(0	Continue on separate	sheet if necessar		ATE	June 20, 2022
SIGNATURE	40	11.)ATE	June 20, 2022 CS FORM 212 (Revised 2017), Page 3

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 appointed,			3		
	a. within the third degree?	YES NO				
	b. within the fourth degree (for Local Government Unit - Can	YES NO				
35.	a. Have you ever been found guilty of any administrative offe	ense?	YES V NO			
00.		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 any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) 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)?	YES INO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	YES INO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),					
a.	Are you a member of any indigenous group?	YES VO				
b.	Are you a person with disability?	YES V 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 applicant /	/appointee)		attes.		
	NAME	ADDRESS	TEL. NO.			
	MARLON G. BURLAS	GSD, VSU, Baybay City	9173641520			
	ELWIN JAY V. YU, M.D.	VSU, Visca, Baybay City	9334724381			
	TEODORA DORIS P. BRAGANZA	VSU, Visca, Baybay City	9336647028			
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 represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the lentative to verify/validate the contents state	Republic of the d herein.			
1000	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
G	overnment Issued ID: Driver's License	100//				
10	//License/Passport No.: H03-05-001861	x)				
D	ate/Place of Issuance: Baybay, City Leyte	Date Accomplished	Rig	ght Thumbmark		
	SUBSCRIBED AND SWORN to before me this	4 AUG 2022	g his/her validly issued government ID as	indicated above.		
		Person Administering Oat		M 212 (Revised 2017), Page 4 o		