CS Form No. 212 Revised 2017 WARNING: Any misrepresenta	tion made in the Persona		ONAL DA			/criminal case/s a	gainst the persor	n concerned.
Print legibly. Tick appropriate boxes	man a company of the second		- Street Catalogue and Catalogue Catalogue		HE PDS FORM.	1. CS ID No.	(Do not f	up. For CSC use only
. PERSONAL INFORMATIO								
2. SURNAME	CABAL							
FIRST NAME	JOHN LOUISE	A. J A					NAME EXTENSION (JR.,	SR)
MIDDLE NAME	ROSALES		11-11-11-11-11-11-11-11-11-11-11-11-11-	-		-		T <sub>w</sub>
DATE OF BIRTH     (mm/dd/yyyy)	09/22/1	998	16, CITIZENSHIP		☑ Filipino	0	Dual Citizenship	
4. PLACE OF BIRTH	INOPACAN	I, LEYTE	If holder of dual citizer	nship,			Dby birth [	by naturalization ountry:
F DEV	✓ Male	Female	please indicate the de	etails.				
5. SEX	✓ Male  ✓ Single	Married	17. RESIDENTIAL ADDRESS	I			CAN	ATONIO
6 CIVIL STATUS	☐ Widowed	Separated	17. RESIDENTIAL ADDRESS	-	House/Block/Lot No.		S	treet
	Other/s:				Subdivision/Village			LACION rangay
7. HEIGHT (m)	1.5	6	and a real real region of		INOPACAN City/Municipality			EYTE
8. WEIGHT (kg)	75	madili helin	ZIP CODE	6522				
9. BLOOD TYPE		Cum Loud	18. PERMANENT ADDRESS					ATONIO
10. GSIS ID NO.		100000000000000000000000000000000000000	The same same same same same		House/Block/Lot No.			treet LACION
11. PAG-IBIG ID NO.					Subdivision/Village INOPACAN			LEYTE
TT. PAG-IBRS ID NO.					City/Municipality			ovince
12. PHILHEALTH NO.		003	ZIP CODE	431.13		6522		
13. SSS NO.			19. TELEPHONE NO.		19 (19)	N/A		
14. TIN NO.	7718416	52000	20. MOBILE NO.	dusta	FREEZ Dena	+639611414733	15	
15, AGENCY EMPLOYEE NO.	N/A	A	21. E-MAIL ADDRESS (if any)		jlca	bal38@gmail.	com	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME		N/A		23. NAME of C	HILDREN (Write full name and	ist all)		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N//	A	NAME EXTENSION (JR., SR)		N/	A		N/A
MIDDLE NAME		N/A						18/8/
OCCUPATION		N/A	the state of the state of					File of the
EMPLOYER/BUSINESS NAME		N/A						7-9-1
BUSINESS ADDRESS	a car a	N/A				V-1 1		
TELEPHONE NO.		N/A						
24. FATHER'S SURNAME	MAMA	CABAL	30 40					02/08/1972
FIRST NAME	DOMIN	IQUE	NAME EXTENSION (JR., SR)					
MIDDLE NAME		ABREA						
25. MOTHER'S MAIDEN NAME	CHARLES CANAL	01-27-A	1117953 214					
SURNAME		ROSALES						No.
FIRST NAME		JUDITH						12/21/1969
MIDDLE NAME		CARABALLE			(Continue	on separate sheet if	necessary)	

MIDDLE NAME	CARABALLE		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACK	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOL ARSHIF	
24231/5			From	To (if not graduated)		10	ACAD MIC	
ELEMENTARY	INOPACAN CENTRAL SCHOOL	BASIC EDUCATION (ELEMENTARY)	2005	2011	12 10	2011	HONOR ABLE MENTIC	
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	BASIC EDUCATION (HIGH SCHOOL)	2011	2015	Marine Marine	2015	N/A	
VOCATIONAL / TRADE COURSE	eled com Moral line Va	Separament of Neure and A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	2015	2020		2020	DOS	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		(Continue on separate sheet if necessary)	100000000000000000000000000000000000000					
SIGNATURE	Xom Cours	ELIZABETH S. QUE	DATE		Februa	ry 20, 2023		

Department of Pure a Applied Coemistry

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7. CAREER SERVICE		BAR) UNDER SPECIAL LAWS/	DATING	DATE OF				LICENSE (if a	pplicable)
CES/ CSEE	DRIVER'S LICE	BARANGAY ELIGIBILITY /	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFERM	ENT	NUMBER	Date of Validity
	RA 1080	IC AFFAIRS		OCTOBER 10,2019	CEBU C	ITY, CEBU		0003756	10/21/2019
		Les albedo el les sensibilitations de la company de la com							
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Envior	men(a)	Health an J S	riety: Ch	e unosi-	Via Zoom, )	180	101	e 57, 24	155
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Lisban	<u> </u>	alcomo Basa	e Denver	A WAR AND A STATE OF THE STATE	Harris Ca	<del>SE DIN</del>	<u>्र</u>	<del>4 9 50</del> 1	
			(Con	tinue on separate sheet if ne	cessary)		1505	\	
/. WORK EXPERI Include private emp		t from your recent work)	Description of c	luties should be indica	ited in the attached Wo	rk Experience	sheet.		
8. INCLUSIVE DATE:	S (mm/dd/yyyy)	POSITION TIT (Write in full/Do not al			NCY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	2/01/2023	INSTRUCT	OR	The second secon	PURE AND APPLIED MISTRY	Php 18,720,00	N/A	PART-TIME	YES
08/16/2021 01	/28/2022	INSTRUCT	OR	DEPARTMENT OF CHE	PURE AND APPLIED MISTRY	Php 20,592.00	N/A	PART-TIME	YES
10/05/2020 02	2/28/2021	INSTRUCT	OR		PURE AND APPLIED MISTRY	Php 15,063.00	N/A	PART-TIME	YES
07/02/2018 07	7/21/2018	WATER/FOOD QUALI	TY ANALYST	F.A.S.T LABORA	TORIES - MANDAUE	Voluntary	N/A	PART-TIME	NO
Weirdn	aculty ne Acad	Paboarding emic Year 200	1-2092		VSH World	ana v Citiv	202	ust 16-1	
					Baybay City	10.40			
064-10	pud Ell		2019		AISENDAY OU	reas	700	8-14	1081
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l			(Col	ntinue on separate sheet if n	ecessary)		1		
SIGNATU	JRE	X	om Cours		DATE		Februar	y 20, 2023	





9. NAME & ADDRES	S OF ORGANIZATION		VE DATES			
	ite in full)		kd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
				+		
	(Co	ntinue on separate	sheet if necessa	ry)		
LEARNING AND DEVELOPMENT	(L&D) INTERVENTIONS/TRAINING P					
			E DATES OF		Type of LD	
	ENT INTERVENTIONS/TRAINING PROGRAMS	ATTE	NDANCE	NUMBER OF HOURS	(Managerial/	CONDUCTED/ SPONSORED BY
(Wr	ite in full)		dd/yyyy)		Supervisory/ Technical/etc)	(Write in full)
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				N CONTRACTOR	The state of	Large Control
	(0)	ontinue on separate	sheet if necess	ary)		LINGA 10-10
I. OTHER INFORMATION						
L-3170 Maple 1 March 1400						
11. SPECIAL SKILLS and HOBBIES	32. NC	ON-ACADEMIC DIST	INCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)
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14		If YES, give details:	
YES	☑ NO		
tive offense?			
☐ YES	☑ NO	If YES, give details:	
YES	☑ NO	7	
	NO NO	If YES, give details:	
		Date Filed:	
		Status of Case/s:	
on of any Taw	v, decree, ordinance or regulation	MUDDINO	
		If YES, give details:	
YES	✓ NO	TI VALLED	OF SIRI
		If YES, give details:	ollowing seminars
ocal election I	held within the last year (except	If YES, give details:	lo eliff
or local candi	idate?	If YES, give details:	Training-Vyorkshop
manent resid	ent of another country?	If YES, give details	(country):
8972), pleas	se answer the following items:		
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