CS Form No. 212 Revised 2017	PERSO	ONAL DATA	A S	NA 1030 (8 DARLOY BARLITEEL)	SERVICE A	
WARNING: Any misrepresent	ation made in the Personal Data Sheet and	the Work Experience Sheet sha	II cause th	ne filing of administrative/criminal case	s against the	person
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA S					
Print legibly. Tick appropriate boxe  1. PERSONAL INFORMATION	s ( and use separate sheet if necessary. Indica	ate N/A if not applicable. DO NOT ABI	BREVIATE.	1. CS ID No.	(Do not fill	up. For CSC use only
2. SURNAME	ALMERODA					
FIRST NAME	VERONICO			NAME EXTENSIO		,
MIDDLE NAME	BINGALAN				N,	Δ
3. DATE OF BIRTH (mm/dd/yyyy)	3/30/1959	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizens	ship	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizen	ship,	□ by birth □ by na ip. Pls. indicate country:		
5. SEX	☑ Male ☐ Female	please indicate the de	tails.			-
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separate ☐ Other/s:	17 RESIDENTIAL ADDRESS		House/Block/Lot No.	Street PATAG	
7 115(0177-)		or in the months are the sta		Subdivision/Village BAYBAY	Barangay	200 1000
7. HEIGHT (m)	1.56"			City/Municipality	Province	
8. WEIGHT (kg)	64.5	ZIP CODE		6521		
9. BLOOD TYPE	7.36 VA	18. PERMANENT ADDRESS		House/Block/Lot No.	Street	ACTION NOTES
10. GSIS ID NO.	000-3698-2064-6	ottivas sastatība saka	2020	Subdivision/Village	PATAG Barangay	
11. PAG-IBIG ID NO.	1211-4230-4594	n.	BAYBAY		OI LEYTE	
12. PHILHEALTH NO.	13-000103004-4	ZIP CODE	ASW	City/Municipality 6521-A	Province	2/1/2015
13. SSS NO.	03-6982064-6	19. TELEPHONE NO.	(A7 <u>9</u> 0	ANJTH IT'S LICESENGER	8102018/10	- applitud
14. TIN NO.	937-624-698	20. MOBILE NO.		09362600060		
15. AGENCY EMPLOYEE NO.	V00874	21. E-MAIL ADDRESS (if any)				
II. FAMILY BACKGROUND						
22. SPOUSE'S SURNAME	ALMEROD	)A	23. NAME of CHILDREN (Write full name and list		DATE OF BIRTH (mm/d	
FIRST NAME	ANNA	BEL NAME EXTENSION (JR., SR)		N/A		N/A
MIDDLE NAME	PACULANA	ING				
OCCUPATION	N/A					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A					
TELEPHONE NO.	N/A					,
24. FATHER'S SURNAME	ALMEROD	)A				
FIRST NAME	CRISOLOGO	SR				
MIDDLE NAME	DIAZ					
25. MOTHER'S MAIDEN NAME	ISRAEL					
SURNAME	ALMEROD	Δ				

FIRST NAME EUSEBIA MIDDLE NAME BINGALAN (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HIGHEST LEVEL/ UNITS EARNED (if not graduated) NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE YEAR GRADUATED (Write in full) (Write in full) From To ELEMENTARY GABAS CENTRAL ELEMENTARY SCHOOL BASIC EDUCATION 1966 1972 1972 NA graduated SECONDARY EXPERIMENTAL RURAL HIGH SCHOOL SECONDARY EDUCATION 1976 1980 1980 graduated NA VOCATIONAL / NA TRADE COURSE VISAYAS STATE UNIVERSITY FOREST RANGER CERTIFICATE 1987 1990 1990 GRADUATE STUDIES NA SIGNATURE DATE June 4, 2021

			RATING	RATING DATE OF				*LICENSE (if applicable)	
		AWS/ CES/ CSEE / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	NUMBER	Date o		
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WORK	EXPERIENC	E		(Continue on separate	sheet if necessary)				
		t. Start from your re	ecent work) D	escription of duties sl	hould be indicated in the	attached W	ork Experien	ce sheet.	
(mm/dd/yyyy) POSITION T (Write in full/Do not					MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)	
2/1/2015	present	ADMINISTRATIV	E AIDE III		ERSITY-OFFICE OF THE TE SCHOOL	12466.08	SG 3	CASUAL	YES
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NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
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LEARNING AND DEVELOPMENT (L&	D) INTERVEN	TIONS/TRA	INING PRO	GRAMS ATTEND	PED	
t from the most recent L&D/training program and incl	ude only the releva		A THE RESERVE TO STREET	five (5) years for Divis	ion Chief/Executive/lv	fanagerial positions)
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write		INCLUSIVE DATES OF ATTENDANCE			Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY
in full)	(Write	(mm/dd/yyyy)		NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
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OTHER INFORMATION						the Company of the Co
SPECIAL SKILLS and HOBBIES	32.	NON-ACA		TIONS / RECOGNITION	N 3	MEMBERSHIP IN ASSOCIATION/ORGANIZAT
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Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Emplo  a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?  Have you ever been convicted of any crime or violation of any law, deany court or tribunal?  Have you ever been separated from the service in any of the following retirement, dropped from the rolls, dismissal, termination, end of term (abolition) in the public or private sector?	ecree, ordinance or regulation by g modes: resignation, h, finished contract or phased out	YES ✓ NO  YES ✓ NO  If YES, give details:  YES ✓ NO  If YES, give details:  YES ✓ NO  If YES, give details:  Date Filed:  Status of Case/s:  YES ✓ NO  If YES, give details:		
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retirement, dropped from the rolls, dismissal, termination, end of term (abolition) in the public or private sector?	n, finished contract or phased out	If YES, give details:		
	d within the last year (except	YES NO		
a. Have you ever been a candidate in a national or local election held Barangay election)?		If YES, give details:	apanes and a second	
b. Have you resigned from the government service during the three ( election to promote/actively campaign for a national or local candidate)	(3)-month period before the last te?	☐ YES ☑ NO  If YES, give details:		
<ol> <li>Have you acquired the status of an immigrant or permanent resident</li> </ol>	t of another country?	☐ YES ☑ NO If YES, give details (country):		
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 /appointee	)			
· NAME	ADDRESS	CEL NO:		
Dr. Anabella B. Tulin	Visca, Baybay City, Leyte	9150727521		
Dr. Editha G. Cagasan	Visca, Baybay City, Leyte	9155913358		
Dr. Beatriz S. Belonias	Visca, Baybay City, Leyte	9322497436	15	
42. I declare under oath that I have personally accomplished this P complete statement pursuant to the provisions of pertinent law Philippines. I authorize the agency head/authorized representative agree that any misrepresentation made in this document administrative/criminal case/s against me.	vs, rules and regulations of the to verify/validate the contents sta	Republic of the ted herein.	PHOTO	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	- विकास			
Government Issued ID: PHILHEALTH ID				
ID/License/Passport No.: 13-000103004-4	Signature (Sign inside the	box)		
Date/Place of Issuance: Baybay City, Leyte	Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this 0 4 N	0 2021 , affiant exhibit	ting his/her validly issued government	ID as indicated above.	
	ATTY RYSAN C GUNNOCOR VSU GIVE Legal Officer			