CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIL Print legibly. Tick appropriate box	DE TO FILLING OUT THE PERSONAL DATA SHI xes () a use separate sheet if necessary. Indicate	EET (PDS) BEFORE ACCOM	PLISHING TI	HE PDS FOR	M. 1. CS ID N		/Do not fill u	p. For CSC use	
I. PERSONAL INFORMAT	TION				1. 00 10 1	0.	(DO NOT IIII d	p. Foi OSC use i	
2. SURNAME	GUMAOD								
FIRST NAME	SOLIVER NAME EXTENSION (JR., SR)								
MIDDLE NAME	BANAYAR								
3. DATE OF BIRTH (mm/dd/yyyy)	AUG. 22 1984	16. CITIZENSHIP If holder of dual citizenship,			lipino	ino Dual Citizenship			
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE								
5. SEX	Male Female	please indicate the	details.	The second	Saladayan as	words of the paper of the state	CENTRAL DE PROPERTO		
6 CIVIL STATUS	Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS APT . 1 House/Block/Lot No.		t No.		K IL BOURNE Street			
	Other/s:	ANTHE PERMIT	. VSU CAMPUS SubdivisionVillage		PANG ASUGAN Barangay		SAN		
7. HEIGHT (m)	1. 73 (atom	Decay A SAR Date		BAYBA City/Municipal	ity	apus)	LEYTE Province	1 51019	
8. WEIGHT (kg)	65	ZIP CODE		6521	шу		Province		
9. BLOOD TYPE	PU	18. PERMANENT ADDRESS		0321	THEY'	TOWARDS !	THISTON	Starte	
10. GSIS ID NO.	T N/A	AMERICAN STATE OF A	1	House/Block/Lo	No.		Street		
11. PAG-IBIG ID NO.	AM Social Inches	AT TESACHER		Subdivision/Villa	age	Delura "	SABANG Barangay	10! - KET -1	
	918171899293	SANT WATER SANA		BAYBAY City/Municipal	ity		LEYTE Province		
12. PHILHEALTH NO.	07-025424015-8	ZIP CODE		6521	. 53.18				
3. SSS NO.	06-2588862-3	19. TELEPHONE NO.		NIA			Acet		
4. TIN NO.	939-652-403	20. MOBILE NO.	00	7777	24				
5. AGENCY EMPLOYEE NO.	17/2/2/1	21. E-MAIL ADDRESS (if any)	N I	7573310	and the second s	9	teritati e s	-4-4/6	
. FAMILY BACKGROUND			SOII	rer 4u2	@ yohai	.com.ph	**************************************		
2. SPOUSE'S SURNAME	TANTING TON	LIP STATE ALACY YMAR	23. NAME of C	CHILDREN (Wr	ite full name an	d list all)	DATE OF BIR	RTH (mm/dd/yyyy	
FIRST NAME		NAME EXTENSION (JR., SR)						(111(1111111111111111111111111111111111	
MIDDLE NAME	NACON-	EVELL 199							
OCCUPATION FOR THE STATE OF THE	I A V	STAN FERTOR		N/	1		11/	1	
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	2374755	WARD 2 WAS DESIGNATED	MA "	14/	1+		N/E	+	
TELEPHONE NO		A A STATE OF THE S	100						
4. FATHER'S SURNAME	GUMAOD	7.3 3. 75	EATT .						
FIRST NAME	CELSO	NAME EXTENSION (JR., SR)							
MIDDLE NAME								_	
MOTHER'S MAIDEN NAME									
SURNAME	BANAYAG								
FIRST NAME	FELINA								
MIDDLE NAME EDUCATIONAL BACKG	LLAND			(0	ontinue on se	parate sheet if neces	sary)		
- January Broke	NO CHE								
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL			From	То		•	, , ,	
SECONDARY	LSU LABORATORY HIGH SCHOOL								
VOCATIONAL / TRADE COURSE	DUALTECH LEARNING CENTER	FI FIABOR FALL	1160						
COLLEGE	NA	ELECTROM ECHANICS		2003	2005		2005		
GRADUATE STUDIES	NA	Notice and with ships a	garatte)	100 mg/s 4 mg/s	Action of superiors			TAMENT	
		ontinue on separate sheet if neces	sarvi		1		271	TRANSP	
SIGNATURE	toth.			DA	TE	09-21	1-20		

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF EXAMINATION /	KS 20198		LICENSE (if applicable)		
B/	ARANGAY ELIGIB	CONFERMENT PLACE OF EXAMINATION / CONFERMENT PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity			
PRIVE	ERSE LICE	NSE	the Hiling of ade	BAYBAY CITY, LEYTE			H03-05-00161	08-22-22	
(<u>)</u> (ng.ezj. 380 (of	3. Já 100 oC)	10 mg/s	NG THE POS FOR LATE:		enas, ria se esta para la prope essano, indicate para la norse		ese esert le	1705 03 0000	T VOS
			and addressed to the State of	and the second s	an gant si da ka			a handle out	Page 1
	(98)	WORK STOLERAN				4	· Vary.		
						9 9 18 A	SAN SAC		
		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				i mentang ang ang	estation state (1986)		0341
ACMBS:		darseSUD tech [_] chiqt				Mary 3	6 . 7		es (explored
	country:	Pla. indicate		receptor sub-longual fil			40 · 10		
V. WORK E	XPERIENCE		(C	ontinue on separate sheet if	necessary)		Sala		
(Include priva	ate employme	nt. Start from your recent v	vork) Descriptio	n of duties should be i	ndicated in the attache	d Work Expe	rience sheet.		
28. INCLU	SIVE DATES m/dd/yyyy) To	POSITION TIT (Write in full/Do not at	LE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
04-02-18	PEESENT	ADMINISTRATIVE AIDE I		GENERAL SERV	ACE DIVICION	£9,000	INCREMENT.	70	7
	19612		a SAEV ast	VISAYAS STATE U		1,000	NY		
07-07-14	12-31-14	DRIVER - PURCHA	SFR Why	PHIL-LIDAR II		P13,000	NA	contractual	N
	L BYTE Provins		APA in white in	VISAYAS STATE		1 15/000		Constitution	N
01-04-13	02-30-14	DRIVER - SALESM	AN	MARCH BOY H		D.	NA	Contractual	N
				Land Shield	BAYBAY, LEYTE	P16,000		Compocional	N .s
07-24-06	08-07-07	JR. HVAC MECHAI	VIC	DG 21 LLC	DOM: ST	P40,000	NA	contractual	N
		The same of the same same		BASE OPERATING S			COMPANY CONTRACTOR	Maragar Maragar	
and the second		resident and the second	Maria Pola M	and the second second second second second second	Y SUPPORT PACILITY			2 (AV)	
				DIEGO GARCIA BI	N. S. TESSEMI				REVIEW TO STATE
				OCEAN TE			reaction and a section of		granday Stagoon
	V. Tr							SM-	verto se
			Superior State of Sta	ANNEX 10 C1	TENANCE SERVICES	olengos er or sa		200	4.23
				MARCA 10 CI			a distrib		
				MA JONORD	DA ZSAIJ		12.52		MARITON
								2000-1-2	A SHARW
							37.463		SVAMS (S
	Four	and the stage of the stage on the control					MATERIAL STATES		5.4 (6.17)
			Aug Property Comments			Andrew St.			
ONG 70A	PA: FCTIAUDARIO	da skapethu		and manner	- 2.0	Strains to the			
22720	1	(packuber(g ton til)		Total					
					AND STATES	NETS INCHA	USS AV		ATP LABIS
					7,000 %	DILL VS. TO	12(DV) 15		7774510034
	25			A THAT SAME AS TO SEE	7 4 - 43 " "	2410943	ias ar 4 A II		CONTRACT.
			(Con	tinue on separate sheet if ne	acessary)	A	W.		15 BB 8 LD
SIGNAT	URE	En f			DATE	09.	121-26	201	3000

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	T/PEOPLE/V	OLUNTARY C	RGANIZATIO	V/S			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		VE DATES dd/yyyy)	NUMBER OF HOURS	75 THE 1846	POSITION / NATURE OF WORK		
() ♦ () () () () () () () ()		(lessyclo	id en colif	nti men sev	of lead to pergeneration an incine d		
If YES, give datalis							
			ve offense?	e dalaimi sa vi	ns to villing caucil mood several years it is see		
OW FT A 23Y FT A 45Y N							
eig ard				HILLO ALIE ALI	ou organo (l'enimue riseri, re, elieli d		
If YEs give details:							
- Date Frieduss		about Warran					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P		TENDED					
(Start from the most recent L&D training program and include only the relevant L&D training taken for			#Executive/Manage	rial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
ON ES SEVEL Some	From To			Technical/etc)	(**************************************		
FIRE TRUCK OPERATOR SEMINAR / DRILL PART IT	12-06-20	12-06-20	8		VISAYAS STATE WIVERSITY		
BASIC LIFE SUPPORT PROVIDER COURSE - HEALTHCARE PROVIDER	e 09-05-19	09-06-19	16	adfo isrude	DEPARTMENT OF HEALTH REGIONS		
STANDARD FIRST AID TRAINING - HEALTHCAR PROVIDER	10-16-19	10-18-19	24		DEPARTMENT OF HEALTH REGION 8		
FIRE TRUCK OPERATOR SEMIMAR PART I	07-26-19	07-26-19	8	uti ayirasa in Mata dan s	VISAYAS STATE UNIVERSITY		
BUREAU OF FIRE PROTECTION REGION 8	11-05-18	11-09-18	38	ation is leaf	MADATORY TRAINING FOR FIRE PRIGADE		
MARITIME EDUCATION AND TRAINING CENTER	02-20-06	02-28-06	72		UNIVERSITY OF CEBU		
BASIC SAFETY TRAINING				and the second second			
PERSONAL SURVIVAL TECHNIQUES	Tomosia (1	aldraid tolu	ta U kuligaMi (i kura ia darial	light (6 AP) NKTOS (4)	p A areigon (15 pagus (15) ou negerous on Control Solo Paronia Migrana Agran (17)		
FIRE PREVENTION AND FIRE PIGHTING				San	on Sucregioni yas iphoberoj say inalgenous gr		
ELEMENTARY FIRST AID					Subject of the state of the sta		
PERSONAL SAFETY AND RESPONSIBILITY							
ELECTROMECHANICS TECHNOLOGY 234	2003	2005			DUALTECH CENTER CANLUBANG		
If YEs, places a person UI vice to	and the second second	and the		andrews of the Salah Pala	CALAMBA, LAGUHA CITY		
			1910	e o' varifie te vi	gename Thalestion mass, 4 killsmitter		
(24. N.G.) La picture falken within	48 6838	IGA +			div		
Lette Car Letter Car Care Care Care Care Care Care Car	1215 974	eg Johns	CAA		19 19 19 19 19 19 19 19 19 19 19 19 19 1		
		and the second					
. De la langua 180 de la companya de				Maryane process market	Name of the control of the party of the control of		
15 a (r.19) correct cod	Street White	steff backer was leek and	lished this M editional law	PROCES ("IST - 15 STOUTE	pend at them that the pend of the pend		
VIII. OTHER INFORMATION	ntinue on separate :	sheet if necessary)		ALASTA TIP	Book was Karthard and American		
	N-ACADEMIC DISTIN	ACTIONS / RECOGN in full)	MITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
NCI DRIVING				(als regular) e ^t e	TO SAFE ROOM OF THE WAY ON THE STANDARD OF THE SAFE OF		
CERTIFICATE OF COMPETENCY	1				TAIN TAIL THE SHARE CONTROL OF SHARE SHARE AND		
FIRE BRIGADE	1//				Al-/Assurance Person and		
ELECTRICIAN	4//			3-12-55	AR VARIETY PARENTER SOLIPHING		
Roll (Manufacture of the control of	of the section		essent L				
it exhibiting the feet value, is size, to feeting the contract the size along approximation	noite,			if an	SUBSCRIBED AND SUICEN to below		
The second secon		1/03	Carterion Service				
	ntinue on separate :	sheet if necessary)					
SIGNATURE	OF FEBRUARY	PARTITION OF THE	DA	IE	09-71-20 CS FORM 212 (Revised 2017), Page 3 of 4		

				1-1			
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 apppointed, a. within the third degree?	☐ YES ☐ NO					
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO Å Û\ If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 an any court or tribunal?	☐ YES ☐ NO If YES, give details:					
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi 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 electron Barangay election)?	tion held within the last year (except	☐ YES ☐ NO 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 ☐ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):					
a. b.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please 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: ☐ YES ☐ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
ENG	GE, MARLOH G. BUCLAS	CAN-UNTOG, DEMOC CITY, LEYTE	0917 634 1520				
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 represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the fatative to verify/validate the contents state	Republic of the	РНОТО			
PL	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance	1 4					
	wernment Issued ID: DRIVERS LICENSE						
1000	License/Passport No.: H03 -05 - 001861	x)					
Da	te/Place of Issuance: 08-22-17 BAYBAY CITY		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued governm	ent ID as indicated above.			
	107E	ATTY. RYSAN C. GUINOCOR		SAUT PLEAS			
	C 199.01082600 11 1803 3						