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 GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME **MABUTO** NAME EXTENSION (JR., SR) N/A JUBYMAR FIRST NAME MIDDLE NAME ABAPO 3. DATE OF BIRTH 03/17/1980 16. CITIZENSHIP **▼** Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH **WLPH BAYBAY LEYTE** If holder of dual citizenship, Pls. indicate country: please indicate the details. Female ✓ Male V 5 SEX **GROUP 1** N/A Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No Widowed Separated N/A SANTO ROSARIO Other/s: Subdivision/Villag Barangay BAYBAY **LEYTE** 1.651 7. HEIGHT (m) Province City/Municipality ZIP CODE 6521 68 8. WEIGHT (kg) **GROUP 1** 18 PERMANENT ADDRESS N/A 9. BLOOD TYPE 0+ House/Block/Lot No Street SANTO ROSARIO N/A 10. GSIS ID NO N/A Subdivision/Village Barangay **BAYBAY** LEYTE 121088994462 11. PAG-IBIG ID NO. Province City/Municipality ZIP CODE 130500447436 6521 12. PHILHEALTH NO. 13. SSS NO. 0622023339 19 TELEPHONE NO N/A 14. TIN NO. 219543454 09272905722 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) hamabuto@gmail.com DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME MABUTO 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME **HAYDEE** HARVY VIC B. MABUTO 04/17/2005 JOHN RAYMUND B. MABUTO 06/22/2008 MIDDLE NAME BUNAL OCCUPATION PARER PAUL EMMANUEL B. MABUTO 06/21/2010 EMPLOYER/BUSINESS NAME ASIAPRO COOPERATIVE (SC GLOBAL COCO PRODUCTS INC) BUSINESS ADDRESS BRGY. CARIDAD, BAYBAY CITY, LEYTE TELEPHONE NO N/A 24. FATHER'S SURNAME MARUTO NAME EXTENSION (JR., SR) FIRST NAME **VICTORINO** JR MIDDLE NAME BISNAR 25. MOTHER'S MAIDEN NAME SURNAME **ABAPO** FI IZARETH FIRST NAME **VINCULADO** MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED To PRIMARY EDUCATION FLEMENTARY **BAYBAY II CENTRAL SCHOOL** 1987 1993 N/A 1993 N/A SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 1997 N/A 1993 N/A 1997 VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE **VISAYAS STATE UNIVERSITY BS IN AGRICULTURAL CHEMISTRY** 2001 1997 2001 N/A N/A GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A SIGNATURE DATE Feb. 24, 2022

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CAREE	ER SERVICEI DA 4	080 (ROARD) RADI LINDED		DATE OF			-	LICENSE (if ap	oplicable)
CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date o
RA 1080 (CHEMIST) 70			70.0	OCT 25, 2011	MANILA CITY			0011373	2025
CAREER SERVICE PROFESSIONAL (PD 907) 80.0			80.0	2001	CCITY		01-006553	N/A	
			onei (S)						
	XPERIENCE			ntinue on separate sheet if					
INCLU	SIVE DATES	nt. Start from your recen				ed Work E	SALARY/ JOB/ PAY GRADE (if	ef STATUS OF	GOVT
From (mr	n/dd/yyyy) To	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	SERVIC (Y/ N)
/01/2021	PRESENT	ADMINISTRATIVE AID	EI	BAYBAY CITY WA	TER DISTRICT	12,034	1-1	CASUAL	Y
/02/2021	09/30/2021	AIDE		BAYBAY CITY WATER DISTRICT		7,986	N/A	JOB ORDER	Υ
/29/2021	07/31/2021	INSTRUCTOR	ante initi	SOUTHERN LEYT BONTOC OMAR AL JAZZAF	14,280	N/A	PART-TIME	Y	
5/27/2013	08/31/2020	CHEMIST		ENGINEER HIDECO SUGAR N	50,000	N/A	PERMANENT	N	
/26/2007	07/24/2013	QUALITY ASSURANCE	APP LANCE	AND REFINING PULP SPECIALTY	20,000	N/A	PERMANENT	N	
04/2002	10/29/2006 08/2004	ZI-TECHASIA (PILIPIN		LABORATORY TE		14,000	N/A N/A	PERMANENT	N
10 Jan 2027	2752 (1)		2.50,18.0504.99				35417		
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SIGNATURE			DATE		Feb. 24, 2022 CS FORM 212 (Revised 2017), Page 2.				

29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
N/A			N/A	N/A	gio parkay.	N/A	
				Catho	to a life to the		
	THE RESIDENCE OF THE PARTY OF T	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	ate sheet if nece.	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			
II. LEARNING AND DEVELOPMENT (L&	) INTERVENTIONS/TRAI		GRAMS ATTE EDATES OF	ENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Qualification of Radiation Protection Officers (RPOs)			11/29/2018	45.0	RPO	Technology Experts	
ISO 9001:2005 Awareness Training			N/A	8.0	Chemist	ING Management Services	
5S and Work Place Improvement		12/8/17	N/A	8.0	Chemist	ING Management Services	
ISO 17025:2005 Internal Auditor Training	36.73	05/17/2017	05/18/2017	16.0	Internal Auditor	ING Management Services	
ISO 17025:2005 Awareness Training			11/3/17	16.0	Internal Auditor	ING Management Services	
Management of Laboratory Wastes			N/A	8.0	Quality Staff	Visayas State University - JEFCOR	
Enhancement of Performance of Environmental Monitoring & Audit Function			12/9/07	16.0	Deputy PCO	Department of Environment and Natural Resources	
Current Good Manufacturing Practices (cGMP)			N/A	4.0	Quality Staff	Hideco Sugar Milling Company	
Hazard Analysis and Critical Control Points (HACCP)			N/A	8.0	Quality Staff	Hideco Sugar Milling Company	
Orientation of Hazard Analysis and Critica	Control Points (HACCP)	05/25/2007	N/A	8.0	Quality Staff	Hideco Sugar Milling Company	
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III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)		
ECHNICAL	N/A				900191	N/A	
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BA CODE	. / _						
UALITY ASSURANCE		MILLO FRAZYR	YTTL				
VOLLEYBALL			MO toget had the				
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ADMINTON					and the second second second second	197 - S. T. St. Br. St. Section 1881 April 1981 April 1	
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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?  b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative off	☐ 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 a by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	✓ YES			
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?      b. Have you resigned from the government service during the				
39.	election to promote/actively campaign for a national or local Have you acquired the status of an immigrant or permanent	If YES, give details:  YES  If YES, give details (country):			
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	☐ YES			
41	REFERENCES (Person not related by consanguinity or affinity to applicant	If YES, please specify ID No:			
41.	NAME	ADDRESS	TEL. NO.		
	Candelario Calibo	VSU, Bayloay, Leyte	0999900109		
$\vdash$	Leo Cellona	Santo Rosario, Bowlbay Leyte	70F0028 2PP0		
Г	Maria Zoraida Ibo	Santo Rosanio, Baybay Leyk			
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 doct administrative/criminal case/s against me.	this Personal Data Sheet which is a trent laws, rules and regulations of the esentative to verify/validate the contents	ue, correct and Republic of the s stated herein.	avTo	
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance				
۱F	Covernment Issued ID: PRC	THE			
10	D/License/Passport No.: 0011373	ox)			
D	pate/Place of Issuance: JAN. 28, 2022/PRC-ORMOC	Right Thumbmark	30		
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated abo	ove.	
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