CS Form No. 212					-	ter committee	Andrew Trans	
Revised 2017	· Comment			a still				
	PERSO	ONAL DA	PA S	HE	ET			
WARNING: Any misreprese	entation made in the Personal Data Sheet and	the Work Experience Sheet	shall cause th	e filing of	administra			
READ THE ATTACHED GUI	IDE TO EIL LING OUT THE DEPOSIT	,	onan cause u	ie innig oi	aummistrat	ive/criminal case	e/s against the	e person
Print legibly. Tick appropriate b	IDE TO FILLING OUT THE PERSONAL DATA S DOXES (SHEET (PDS) BEFORE ACCO	MPLISHING T	HE PDS F	ORM			
I. PERSONAL INFORMA	TION	dicate N/A if not applicable. DO	NOT ABBREV	IATE.	1 CS IE	No.	(Do not f	Il up. For CSC use or
2. SURNAME	*							
Z. SURNAME	L 190T							
FIRST NAME	LEODEL					NAME EVITABLE	MIII OD	
MIDDLE NAME						NAME EXTENSION	JN (JR., SR)	
	SORIA							
DATE OF BIRTH (mm/dd/yyyy)	0.5	16. CITIZENSHIP						
, , , , , , , , , , , , , , , , , , ,	8-15-81	10. GITZENSHIP			Filipino	☐ Dual Citizens	hip	
4. PLACE OF BIRTH	D 1	The second state of the se				by birth	by natu	ralization
TO DICE OF BIRTH	Baybay, Leyte	If holder of dual cit	izenship,			Pls. indica	ate country:	
5. SEX	Male Female	please indicate the	details.		-		ano country.	
	7							-
6 CIVIL STATUS	☐ Single ☐ Married	17. RESIDENTIAL ADDRESS						
	☐ Widowed ☐ Separated		h	louse/Block/L	Lot No.		Street	
	Other/s:			0.1.5.1.	***	P	rgy: Ma	rcos
7. HEIGHT (m)	1.524 th		1	Subdivision A		-	Barangay	
D MEDIT .	120111	Charles and Heaven Street A		City/Municip	ality	L	eyte	
8. WEIGHT (kg)	1 60 Kg	ZIP CODE				100	Province	
9. BLOOD TYPE		18. PERMANENT ADDRESS						
	10		H	ouse/Block/L	ot No		0.	
10. GSIS ID NO.		A TOTAL OF THE PARTY OF THE PAR	- T	- III II III II II	01740.	D	Street	arcos
11. PAG-IBIG ID NO.	1210 0124 1110	- 3) 4 mg 12 12 13		Subdivision/V		P	Barangay	ques
TI. TAG-IBIG ID NO.	1312-0170-4026		E	Bayl	ay	. 1	exte	
12. PHILHEALTH NO.	13-000 03267-5			City/Municipa	ality		Province	
And the second of the second o	0 000 1500 1-5	ZIP CODE	65	0				
13. SSS NO.	I NA	19. TELEPHONE NO.						
14. TIN NO.	022 242 062	Carrier Control of the Control of th						
	933-242-063	20. MOBILE NO.	092	5 5	089	762		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	1. 1.	[17/	100	1	-
II. FAMILY BACKGROUNI		21. E-MAIL ADDRESS (II any)	Jecae	11901	7160	y garuge	COM	
						1		
22. SPOUSE'S SURNAME	IGOT		23. NAME of Ch	HLDREN (W	rite full name ar	nd list all)	DATE OF D	IRTH (mm/dd/yyyy)
FIRST NAME	MARIA CHRISTY	NAME EXTENSION (JR., SR)				+ 1		
MIDDLE NAME	BAGARINAO		120	n J	ameg	Loot	6/18	2005
OCCUPATION			Kev	in_	osh	Idot	213	12012
EMPLOYER/BUSINESS NAME	OFXV						1	-
	HONGKONG	1						
BUSINESS ADDRESS	MA						-	
TELEPHONE NO.							-	
24. FATHER'S SURNAME	TGOT	Code of war and a second						
FIRST NAME	LEOPOLDO	NAME EXTENSION (JR., SR)					-	
MIDDLE NAME	POSAS						-	
5. MOTHER'S MAIDEN NAME	BOREL	8					-	
SURNAME	IGOT						+	
FIRST NAME	DELIA							
MIDDLE NAME	Borels			and the same of th	20.06/-			
II. EDUCATIONAL BACKG	ROUND			Į.	onunue on se	parate sheet if nece	ssaryj	
6.								
LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL		SCHOLARSHIP/
	(Write in full)	(Write in full)				UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS
55.5	SAN AGOSTIN FLEMENTARY			From	To	(a not graduated)		RECEIVED
ELEMENTARY	School Baybay City	Prinary Edu	cation	11/0	ali lau	X /8	lage 1	1/1
SECONDARY	7.701/	10.1.00	Oction	61 88	111/19	MA	1994	NA
SESONDAIN1				0/1/94	3/1/98	NA	1998	MA
VOCATIONAL /	1/4	4/1		1111	11/10	1.1.	1110	
TRADE COURSE	/x/\	NA		XX	1/1	W	NA	NA
COLLEGE	N/A	A A K		0//	16"	1/1	1-10	//
	141	NA		N/A	1 1/4	A /X	1/4	1/1

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DATE

GRADUATE STUDIES

SIGNATURE

CARE	ERVICE ELI					•			4/
	SPECIAL L	1080 (BOARD/ BAR) UNDER AWS/ CES/ CSEE	RATING	DATE OF EXAMINATION /				LICENSE (if	1
BA	RANGAY ELIGIBI	LITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT		ATTOTY CON E	UNLIVI	NUMBER	Date Valid
	NA			- 26-17 7-62					1
	1 € /-								-
					- 200 - 200				
									-
									+
			(Co	ntinue on separate sheet if	necessary)			1	
	XPERIENCE								
	ISIVE DATES	nt. Start from your recen	t Work) Description	or duties should be i	ndicated in the attached	Work Exper	SALARY/JOB/PAY		
	m/dd/yyyy)	POSITION 1 (Write in full/Do not		DEPARTMENT / AGEN	ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV SERV
From	То						(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/1)
15/03	8/5/13	Carpento Villity: messar	er	General Ser	vices Division	44/16.00	MX	10	Ve
1/13	Present	1 Hill : messa	nger; Caron	Ler 1KHF	b	10 194 00	N.A		VAFC
1117	11 GCM	VIIITY ETC	5 1991	07(10		6,(74,00	/X 1/4	J-0	10
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THE RESERVE OF THE PARTY OF THE			161		DATE	_	1-0	8-25	7
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- >						A Are you release
VI-VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / N. OVERNMENT			RGANIZATIO.	فمخص	
29. NAME & ADDRESS OF (Write in		INCLUSIV (mm/di	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	To Y	M 2 A		V / 1
MA		NA	NA	NA		XA
		-				
					F = T F = 2 = 1	transport for a transport of the
	Co	ntinue on separate	chast if naraceary			
VII. LEARNING AND DEVELOPMENT (L&		CONTRACTOR OF THE PROPERTY OF	A SECURITY OF THE PARTY OF THE	•		
(Start from the most recent L&D training program and inc	lude only the relevant L&D training taken for t			f/Executive/Manage		
30. TITLE OF LEARNING AND DEVELOPMENT II (Write in		ATTEN	EDATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
		From	То	24.120	Technical/etc)	
tire and Earthquake Basic Life	Drill Via Google Mae	10/22/21	10/20/21	8.0	Technical	Fureau of fire Protection do Fernando A. Manda S/INSP BFF Acting City Fire Marshel Doff Iminor's for BLS ch Tr. July Duarte, et. al
Basic Life	Support	9/4/19	9/5/19	160	Technical	Acting City Fire Marshell DOH Trainors for BLS CI
				Life segge.	1227 . 22 . 14	Mr. July Duarte, et al
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				and barre		in the finite to the profession as
				16 12 12 22	50° E. E.S.	HURST GOOD AND THE A SECOND
VIII. OTHER INFORMATION	(00	ontinue on separate	sneet if necessary	9		
31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DISTI		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
	J	(Wri	te in full)		31.44	(Write in full)
Carpentry						
	231		legal to the			
	(Co	ontinue on separate	sheet if necessary	0		
SIGNATURE	7.4	A		D	ATE	06-08-23
		/1				CS FORM 212 (Revised 2017), Page 3 of

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has bureau or Department where you will be apppointed.						
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	YES NO YES NO				
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative off	ense?	☐ YES ☑ NO				
			If YES, give details:				
	b. Have you been criminally charged before any court?	☐ YES ☐ NO If YES, give details: Date Filed:					
26	Have you ever been convicted of any crime or violation of an	ny law decree ordinance or regulation by	Status of Case/s:				
30.	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, find 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 Barangay election)?	ction held within the last year (except	☐ YES 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):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please						
	Are you a member of any indigenous group?	☐ YES If YES, please specify: NO					
	Are you a person with disability?		☐ YES ☑ NO				
	Are you a solo parent?		If YES, please specify ID No: YES If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)					
Į	NAME	ADDRESS	TEL. NO.				
1	COPORA DORIS P. BRAGANZA	ALBUERA, LEYTE	0933 664 7028				
_	MERRY CHRISTILS GUINOCOR	VSU, VISCA, BATBAT	09544530545				
12.	DR. TEWIN JAY V. YU 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 ntative to verify/validate the contents state	Republic of the ad herein.				
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	9 14					
H	overnment Issued ID: H03-07002376	~ · /					
H	/License/Passport No.: Driver license	Signature (Significate the b					
	trying ary	Date Accomplished 4 JUL 2023 affiant exhib	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated above.				
		h					
		Person Administering Oa	CS FORM 212 (Revised 2017), Page 4 of 4				