CS Form No. 212									
Revised 2017	PERSO	NAL DAT	A SH	IEE'					
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the					foriminal case/s a	cainet the ne	2200	
concerned.	TO FILLING OUT THE PERSONAL DATA SHE					/८गागामाचा ७वउ० उ	gamacurep	erson	
Print legibly. Tick appropriate boxes	s () and use separate sheet if necessary. Indicate N				1. CS ID No		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO									
2. SURNAME	GUMAOD					NAME EXTENSION (JF	(92		
FIRST NAME	SOLIVER					HAMIC EXTENSION (S.	C, SA) N	Δ	
MIDDLE NAME	BANAYAG								
DATE OF BIRTH (mm/dd/yyyy)	8/22/1984	16. CITIZENSHIP		✓ Filip	oino [Dual Citizenship	by natura	lization	
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citiz	zenship,			Pls. indicate of	country:		
5. SEX	✓ Male ☐ Female	please indicate the	details.				The second second		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		Apartment I ouse/Block/Lot N Visca Campus ubdivision/Villag			Kilbourne Street Pangasugan Barangay		
7. HEIGHT (m)	1.23 m			Baybay			Leyte		
8. WEIGHT (kg)	65 kg	ZIP CODE	6521	City/Municipality			Province		
9. BLOOD TYPE	Type "A"	18. PERMANENT ADDRESS							
10. GSIS ID NO.	on process	Supplied to the supplied of the		ouse/Błock/Lot N			Street Sabang		
11. PAG-IBIG ID NO.	918171899293	per a server year o	Subdivision/Village Baybay				Barangay Leyte		
12. PHILHEALTH NO.	07-025424015-8	ZIP CODE	6521	City/Municipality			Province	232	
13. SSS NO.	06-2588862-3	19. TELEPHONE NO.	NA			and the second of			
14. TIN NO.	939-652-408	20. MOBILE NO.	0936-841-3196	1					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	soliver4u	2@yahoo	.com.ph				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	WA	*Constitution	23. NAME of Ch	HILDREN (Write	e full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME					NA			NA	
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS				The set of the					
TELEPHONE NO.							-		
24. FATHER'S SURNAME					·				
FIRST NAME	GUMAOD (DECEASED)	JR							
MIDDLE NAME	CELSO								
25. MOTHER'S MAIDEN NAME									
SURNAME	BANAYAG			-					
FIRST NAME	FELINA								
MIDDLE NAME	LLANO			(Ci	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)		PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Visca Foundation Elementary School	primary some	ATION	1992	1997	graduativ	1997	KN	
SECONDARY	LSU LABORATORY HIGH SCHOOL	SECONDARY DOW		1998	2002	graduated	2002	No	
VOCATIONAL / TRADE COURSE	DUALTECH LEARNING CENTER	ELECTROMECHANICS TO		2003	2005		2005		
COLLEGE	NA	No. 20 Person and American State of the Control of				Approximately and the second			
GRADUATE STUDIES	/JZA						39 195		

401.

SIGNATURE

DATE

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF				LICENSE (if applicable)		
SPECIAL LAWSINGS INCOME			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER E	
	DRIVERS LIC	ENSE			- 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
year was a			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				127 2		
V WORK	EXPERIENCE		(Col	ntinue on separate sheet	f necessary)				
		Start from your recen	t work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
	USIVE DATES nm/dd/yyyy)	POSITION (Write in full/Do no			ENCY / OFFICE / COMPANY (Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	То						INCREMENT		
9/22/2020	PRESENT	Admin. Ai			J, Baybay City Leyte	P 13,018			
6/2/2018	9/21/2020	Admin. A			Baybay City, Leyte	P 9,954			
7/7/2014	12/31/2014	Driver Puro			SU, Baybay City Leyte	P 13,000			
1/4/2013	02-30-14	Driver - Sal	esman		ty, Leyte	P 18,000			
7/24/2006	8/7/2007	JR. HVAC ME	CHANIC		S 21 LLC	P 35,000			
				The second secon	TIONS SUPPORT TRACTOR		-		
				UNITED STATE NA	VY SUPPORT FACILITY				
				DIEGO GARCIA	BRITISH TERRITORY				
				OPERATION MAI	NTENANCE SERVICES				
				ANI	NEX 10C1				
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		5)							-
		+							-
			(Co	ontinue on separate sheet	if necessary)				
SIGN	NATURE	40	1.		DATE		04-	07-21	

IV. CIVIL SERVICE ELIGIBILITY

VI. VOLUNTAR	RY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERN	MENT	T/PEOPLE/\	/OLUNTARY	ORGANIZATIO	N/S	
29.	NAME & ADDRESS OF OI (Write in full)			(mm/c	/E DATES id/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	NA			From	То			NA .
	Pai							
			-					
								
							Parto a m	
			(Con	tinue on separate	sheet if necessary			
	G AND DEVELOPMENT (L&D) recent L&D/training program and include					hiel/Executive/Mana	ogerial positions)	
	OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAM		INCLUSIVE ATTEN	DATES OF DANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	Fire Truck Operator Semina	ar/Drill Part II		From 12/6/2019	То	8.0	Tools about titly	Vicavas State University
	Standard First Aid Training - Hea			10/16/2019	10/18/2019	24.0		Visayas State University Department of Health
	Basic Life Support Provid			9/5/2019	9/6/2019	16.0		Department of Health
	Fire Truck Operator Semina	ar/Drill Part I		7/26/2019	0.012010	8.0		Visayas State Univeristy
	Mandatory Training for Fi	re Brigade	T	11/5/2019	11/9/2018	40.0		Bureau of Fire Protection
	Basic Safety Train	ing	1			2		
	Personal Survival Tech	nniques						Maritime Education and Training Center
	Fire Prevention and Fire	Fighting		2/20/2006	2/28/2006	64.0		University of Cebu
	Elementary First A	Aid	37	normal by	* - 1 - 4 -			
	Personal Safety and Social F	Responsibility					7	
		sa sacrification						
		8y 11, 1						
1		11 17		7.00			35,37 Y. B. S. S.	The state of the s
V 100		83,400,00			5.0-1			5 8 7 9 1 1 2 1 AF
1	Commence of the second							
451 451	TO SERVICE OF THE SER							
L- park								
	-7-		(Cont	inue on separate s	heet if necessary			
III. OTHER IN	FORMATION							
31. SPI	ECIAL SKILLS and HOBBIES	32.	NON-	ACADEMIC DISTIN (Write	CTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Driving							
	Electrician	NA NA						NA
	Fire Brigade							
		Charles and the face of the face	lugs.			no.		
	au robo estra come							e le constitue de la compansión de la comp
		the decimal of the second	T/ F4 0			Control of the Contro		
	SIGNATURE	lar	(Cont	nue on separate s		DAT	F	
		JU A	/	MO SECURAL	11/2	DAT		06-07-21 CS FORM 212 (Revised 2017), Page 3 oi

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 ☑ If YES, give details:	NO				
35.	a. Have you ever been found guilty of any administrative offe	☐ YES ☑ If YES, give details:	NO				
	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 retirement, dropped from the rolls, dismissal, termination, engabolition) 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 election and a national or local election.	YES If YES, give details:	✓ NO				
	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. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 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 ☑ 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	TEL. NO.				
	MARLON G. BURLAS	GSD, VSU, Baybay City	9173641520				
	ELWIN JAY V. YU, M.D.	VSU, Visca, Baybay City	9334724381				
	TEODORA DORIS P. BRAGANZA	VSU, Visca, Baybay City	9336647028				
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 represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the native to verify/validate the contents state	Republic of the ed herein.				
F	iovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) **LEASE INDICATE ID Number and Date of Issuance** overnment Issued ID: Driver's License	Soff.					
10	O/License/Passport No.: H03-05-001861	Signature (Sign inside the b	DX)				
D	ate/Place of Issuance: Baybay, City Leyte	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	ng his/her validly issued gov	ernment ID as indicated above.			
		h					
		Person Administering Oat					