CS Form No. 212 Revised 2017

## PERSONAL DATA SHIPET

WARNING: Any misinterpretation 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 FO<u>RM.</u> Print legibly. Tick appropriate boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION 2. SURNAME REOMA FIRST NAME NAME EXTENSION (JR., SR) **REY MARTIN** MIDDLE NAME LUMBRE 3. DATE OF BIRTH 11/08/1992 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ✓ Male Single 17. RESIDENTIAL ADDRESS Married 6 CIVIL STATUS RIZAL Widowed House/Block/Lot No Separated Street PUROK 1 Other/s: BARANGAY RIZAL Subdivision/Villag Barangay 7. HEIGHT (m) SOGOD 1.67 SOUTHERN LEYTE City/Municipality Province 8. WEIGHT (kg) 70 ET (POSZIP CODE LA CO 6606 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 RIZAL House/Block/Lot No. Street 10. GSIS ID NO. 2005348138 PUROK 1 BARANGAY RIZAL Subdivision/Village Barangay 11. PAG-IBIG ID NO. SOGOD SOUTHERN LEYTE 121091171772 City/Municipality Province 12. PHILHEALTH NO. 12-051223636-2 ZIP CODE 6606 13. SSS NO. 06-3396293-9 19. TELEPHONE NO N/A 14. TIN NO. 319-493-120-000 20. MOBILE NO. 639477957062 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any) reymartinreoma@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME N/A N/A OCCUPATION N/A N/A EMPLOYER/BUSINESS NAME N/A N/A **BUSINESS ADDRESS** N/A N/A TELEPHONE NO N/A N/A 24. FATHER'S SURNAME REOMA N/A NAME EXTENSION (JR., SR) FIRST NAME **BONIFACIO** N/A MIDDLE NAME BAER N/A 25. MOTHER'S MAIDEN NAME VERONICA SALDUA LUMBREGLE NO N/A SURNAME LUMBRE N/A FIRST NAME VERONICA SALDUA LUMBRE MIDDLE NAME SALDUA (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE ACADEMIC HONORS LEVEL YEAR UNITS EARNED (Write in full) (Write in full) GRADUATED (if not graduated) RECEIVED From To ELEMENTARY SOGOD CENTRAL SCHOOL PRIMARY EDUCATION 1999 2005 N/A 2005 N/A SECONDARY SAINT JOSEPH COLLEGE SECONDARY EDUCATION 2005 2009 N/A 2009 N/A VOCATIONAL / N/A TRADE COURSE N/A N/A N/A N/A N/A COLLEGE UNIVERSITY OF SANTO TOMAS BACHELOR OF ARTS IN CLASSICAL STUDIES 2009 2013 N/A 2013 **CUM LAUDE** MASTER OF SCIENCE IN DEVELOPMENT GRADUATE STUDIES UNIVERSITY OF SAN JOSE RECOLETOS 2015 7/11/1905 Candidate COMMUNICATION ate sheet if n SIGNATURE DATE January 15, 2019 CS FORM 212 (Revised 2017), Page 1 of 4

	SERVICE ELIG	080 (BOARD/ BAR) UNDER	M	DATE OF		A ( )	901201171.11	LICENSE (if a	applicable)
	SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	EVALUNATION / DI AGE GE E CALINA			ERMENT	NUMBER	Date of
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	vate employmen USIVE DATES	t. Start from your recen	t work) Descripti	on of duties should be	indicated in the attach	ed Work Ex	salary/Job/Pay	et.	
	(mm/dd/yyyy) POSITION TI (Write in full/Do not a			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
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/I. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC /	/ PEOPLE / V	OLUNTARY O	RGANIZATIO	NII.E	ACK SALE TO SHEET HERE	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
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II. LEARNING AND DEVELOPMENT (L&D) IN tart from the most recent L&D/training program and include				hiel/Executive/Man	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTER* (Write in full)	ATTE	E DATES OF NDANÇE dd/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
CHED-SUC NATIONAL EXTENSION CONFERENCE		10/23/ 2014	10/24/ 2014	16.0	TECHNICAL	COMMISSION ON HIGHER EDUCATION	
REGIONAL PROPOSAL-DRIVEN WRITESHOP FOR PROGRAMS	08/12/ 2015	08/14/ 2015	24.0	TECHNICAL	TECHNOLOGY APPLICATION AND PROMOTION INSTITUTE IN COOPERATION WITH THE DEPARTMENT OF SCIENCE AND TECHNOLOGY REGIONAL OFFICE VI		
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VIII. OTHER INFORMATION	(Co	ontinue on separate	sheet if necessar	y)			
	32 NO	ON-ACADEMIC DIST		OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.		rite in full)			(Write in full)	
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chief of bureau or offi Bureau or Departmer a. within the third deg	onsanguinity or affinity to the appointing ice or to the person who has immediate of where you will be apppointed, gree?  egree (for Local Government Unit - Car	supervision over you in the Office,	YES NO YES NO If YES, give details:		
a. Have you ever bee	en found guilty of any administrative off	☐ YES ✓ NO If YES, give details:			
b. Have you been cr	iminally charged before any court?	☐ YES ☑ NO If YES, give details:  Date Filed:  Status of Case/s:			
36. Have you ever been by any court or tribu	convicted of any crime or violation of a nal?	ny law, decree, ordinance or regulation	If YES, give details:		
retirement, dropped out (abolition) in the	separated from the service in any of the from the rolls, dismissal, termination, expublic or private sector?	YES V NO If YES, give details:			
38. a. Have you ever be Barangay election)?	een a candidate in a national or local el		YES V NO If YES, give details:		
h Have you resigne	ed from the government service during note/actively campaign for a national or	☐ YES ☑ NO If YES, give details:			
	the status of an immigrant or permaner	YES VO If YES, give details (country):			
. 7277); and (c) Solo		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 applican	nt /appointee)			
	NAME	ADDRESS	TEL. NO.		
FR. HAR	OLD L. RENTORIA, OSA	AND THE ARTS	639175068819		
MS	S. JAYNE ABELLA	GRADUATE SCHOOL OF THE UNIVERSITY OF SAN JOSE RECOLETOS			
	MR. JOEL SAGUT	UNIVERSITY OF SANTO TOMAS	024061611		
complete stateme Philippines. I auth agree that any	int pursuant to the provisions of per	ned this Personal Data Sheet which is a tinent laws, rules and regulations of the epresentative to verify/validate the conten- cument and its attachments shall ca	nts stated herein. I		
Government Issued ID PLEASE INDICATE ID Government Issued ID:	(i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  Number and Date of Issuance  PASSPORT				
ID/License/Passport No.:	EC6676164	000)			
Date/Place of Issuance:	DFA TACLOBAN	Janumy 15, 20	Right Thumbmark		
SUBSCRIBED	AND SWORN to before me this	ATTY. RYSAN C. GUINOCO VSULEGAL OFFICER Person Administering Oa			
	1		001 ONN 212 (164300 2011), 1 090 4		