CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE	Γ				
concerned. READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	tion made in the Personal Data Sheet and th TO FILLING OUT THE PERSONAL DATA SHI Is) and use separate sheet if necessary. Indice	EET (PDS) BEFORE ACCOMP	LISHING THE	E PDS FORM				rson For CSC use only	
I. PERSONAL INFORMATION									
2. SURNAME	MANGUIAT								
FIRST NAME	NICOLE CHELSEA					NAME EXTENSION (J	R., SR)		
MIDDLE NAME	BECADA	111-16-							
3. DATE OF BIRTH (mm/dd/yyyy)	8/12/2001					Dual Citizenship	ship		
4. PLACE OF BIRTH	BACOOR, CAVITE	If holder of dual citize	nship,			Pls. indicate			
5. SEX	☐ Male	please indicate the di	etails.						
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	House/Block/Lot No.			C. ARELLANO ST. Street POBLACION ZONE 4			
7. HEIGHT (m)	1.52			BAYBAY CITY			Barangay LEYTE		
8. WEIGHT (kg)	50	ZIP CODE		City/Municipality		6521	Province		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS					. ARELLANO ST	:	
10. GSIS ID NO.			Ho	ouse/Block/Lot N	lo.	Dr	Street OBLACION ZONE	4	
TU. GSIS ILI NO.	N/A		S	ubdivision/Villag			Barangay	100.00000000000000000000000000000000000	
11. PAG-IBIG ID NO.	121307602253			BAYBAY City/Municipality	and an electron and decision in contrast on the		LEYTE Province		
12. PHILHEALTH NO.	13-000128423-2	ZIP CODE		6521					
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A			
14. TIN NO.	617-955-565-00000	20. MOBILE NO.		09927080636					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		mano	uiatnicole	echelsea@gr	nail.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CI	HILDREN (Write	e full name and	list all)	DATE OF BIR	RTH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			N/A			N/A	
MIDDLE NAME	N/A							-	
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A		122						
24. FATHER'S SURNAME	MANGUIAT								
FIRST NAME	JOEL	NAME EXTENSION (JR., SR)							
MIDDLE NAME	MENDEZ		9						
25. MOTHER'S MAIDEN NAME	图 "就是我们的"的		uð er						
SURNAME	BECADA		9						
FIRST NAME	CHERLYN								
MIDDLE NAME	MAGBANUA			(C	ontinue on se	parate sheet if nece	ssary)		
III. EDUCATIONAL BACKG	ROUND	K. Santa (Br. 1987)							
26. LEVEL	NAME OF SCHOOL (Write in fut)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	DIPOLO ELEMENTARY SCHOOL	PRIMARY EDUCATION		2006	2012	GRADUATE	2012	Salutatorian	
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	SENIOR HIGH SCHOOL	ting (sign	2016	2012	GRADUATE	2016	With Honors	
VOCATIONAL / TRADE COURSE	N/A	N/A	NE I	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE II	N BIOLOGY	2018	2022	GRADUATE	2022	Magna Cum Laude	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	

Shipple

SIGNATURE

February 8, 2023

DATE

	SERVICE ELIGIBIA EER SERVICE/RA 1080		DATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LAWSINGER RATING			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	RMENT	NUMBER	Date of Validity	
Career Service Professional PD 907 - Honor Graduate		N/A	N/A	N		N/A	N/A		
	EXPERIENCE ivate employment.	Start from your recei		ntinue on separate sheet	if necessary) ne indicated in the attach	ed Work Ex	perience sheel		
(ı	USIVE DATES nm/dd/yyyy)	POSITION 1 (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (If applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOVT SERVIC (Y/ N)
From 9/14/2022	To 10/28/2022	Part-time Ins	tructor	Department of	Biological Sciences,	15,000 -	INCREMENT N/A	Contractual	Υ
11/2/2022	2/15/2023	Substitute In		Department of	State University Biological Sciences, State University	18,000 27, 608	SG-12	Contractual	Y
			(Co	ntinue on separate sheel	if necessary)				

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIL . JON-GOVERNMEN	T / PEOPLE / VO	OLUNTARY O	RGANIZATIOI	V/S		
29. NAME & ADDRESS OF ORC (Write in full)	SANIZATION		/E DATES Id/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
Large Marine Vertebrates Institute Philippines		October, 2022	November, 2022	20.0	Online Intern		
VII. LEARNING AND DEVELOPMENT (L&D) II.		Continue on separate)			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То	8.0	Technical	Department of Biological Sciences - Visayas State	
Capacity Building: Laboratory Techniques for Para Creating Learning Materials using PowerPoint	site Surveillance	October, 2022 December, 2022	October, 2022 December, 2022	12.0	Technical	University Department of Biological Sciences - Visayas State	
Working with Data in Excel		November, 2022	November, 2022	12.0	Technical	University Department of Biological Sciences - Visayas State	
					14 15	University Department of Biological Sciences - Visayas State	
Techniques for Terrestrial Wildlife Surveys		November, 2022	November, 2022		Technical	University Department of Biological Sciences - Visayas State	
How to Prepare IEC Materials		November, 2022	November, 2022	50015	Technical	University Department of Biological Sciences - Visayas State	
LAMAVE Virtual Training		October, 2022	October, 2022	20.0	Technical	University Department of Biological Sciences - Visayas State	
Theory of Change in Conservation: Insights from Phil	ippine Primatology	October, 2022	October, 2022	12.0	Technical	University	
Mapping		October, 2022	October, 2022	12.0	Technical	Department of Biological Sciences - Visayas State University	
		e Calendaria	1	RIGI 5	. 8		
,		1 1 1 1 1		1 127	19.3. 1		
	4. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	10193	9 35 12	tettou 2	1.085		
				-			
				12			
					7-1-1-		
	L _p telf_ab		W RE	K S Luc	149155		
			10 10197			Jan Jan	
VIII. OTHER INFORMATION	(6	Continue on separate	sheet if necessary	y			
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DISTI	INCTIONS / RECOG	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A		N/A					
		45 44 5 6	result in	Carte - Ca	0.00		
1,00 to 20 May 1/4 Lot		Salaia ta	6.0	JU. 41	od olyma	ACCUPA DEMONSTRA	
							
		Continue on separate	sheet if necessary	y)			
SIGNATURE	Shipple		1		ATE	February 8, 2023	

*********			and the same of th			
34.	Are you related by consanguinity or affinity to 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 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 a any court or tribunal?	YES INO If YES, give details:				
37.	Have you ever been separated from the service in any of th dropped from the rolls, dismissal, termination, end of term, f the public or private sector?	보다 마시스 마시스 아이를 보고 있다면 하나 있다. 전 경기 있다면 하는 것이 되었다면 하는데	☐ YES ☑ NO If YES, give details:			
38.	A. Have you ever been a candidate in a national or local ele Barangay election)?	☐ 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.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 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:	C.3			
41.	REFERENCES (Person not related by consanguinity or affinity to applicar	nt /appointee)				
	NAME	ADDRESS	TEL. NO.			
	SENONA A. CESAR	VISCA, BAYBAY CITY, LEYTE	9778179877			
L	JULISSAH C. EVANGELIO	VISCA, BAYBAY CITY, LEYTE	053 563 7536			
42.	FRETZELJANE O. POGADO I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertiperation of pertiperation of the provision of the provision of pertiperation of the provision of the provision of the provision of the pertiperation of the	nent laws, rules and regulations of the sentative to verify/validate the contents stat	Republic of the ed herein.	ото		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PhilHealth D/License/Passport No.: 13-000128423-2	Signature (Sign inside the b				
11	Date/Place of Issuance: October 2022		numbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhit	iting his/her validly issued government ID as inc	dicated above.		
		h				