CS Form No. 212

Revised 2017 PERSONAL DATA SHEET 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 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 REOMA NAME EXTENSION (JR., SR) FIRST NAME 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 ☐ Female -**✓** Single ■ Married 17 RESIDENTIAL ADDRESS RIZAL 6 CIVIL STATUS ☐ Widowed louse/Block/Lot No ■ Separated PUROK-1 BARANGAY RIZAL Other/s: Subdivision/Village Barangay SOGOD SOUTHERN LEYTE 7. HEIGHT (m) 1.67 City/Municipality Province 8. WEIGHT (kg) 75 ZIP CODE 6606 18. PERMANENT ADDRESS RIZAL 9. BLOOD TYPE 'O" House/Block/Lot No Street PUROK-1 BARANGAY RIZAL 10. GSIS ID NO Subdivision/Village Barangay SOGOD SOUTHERN LEYTE 11. PAG-IBIG ID NO 121091171772 City/Municipality Province 12. PHILHEALTH NO. 12-051223636-2 ZIP CODE 6606 13 SSS NO 06-3396293-9 19. TELEPHONE NO 14 TIN NO 319-493-120-000 20 MOBILE NO 09477957062 15 AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) reymartinreoma@gmail.com 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME REOMA NAME EXTENSION (JR., SR) FIRST NAME BONIFACIO MIDDLE NAME BAER 25 MOTHER'S MAIDEN NAME SURNAME LUMBRE FIRST NAME VERONICA MIDDLE NAME SALDUA (Continue on separate sheet if necessary) SCHOLARSHIP/ HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE ACADEMIC HONORS LEVEL YFAR UNITS EARNED (Write in full) (Write in full) GRADUATED (if not graduated) RECEIVED From To **ELEMENTARY** SOGOD CENTRAL SCHOOL PRIMARY EDUCATION 1999 2005 2005 SAINT JOSEPH COLLEGE SECONDARY SECONDARY EDUCATION 2005 2009 2009 VOCATIONAL / TRADE COURSE UNIVERSITY OF SANTO BACHELOR OF ARTS IN CUM COLLEGE 2009 2013 2013 CLASSICAL STUDIES LAUDE MASTER OF SCIENCE IN UNIVERSITYOF SAN JOSE **GRADUATE STUDIES** DEVELOPMENT 2015 2016 27 UNITS RECOLETOS COMMUNICATION SIGNATURE

moone DATE

June 24, 2019

				en company and the			
27. CAREER SERVICE/ RA 1080 (BÓARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / RATING DRIVER'S LICENSE (If Applicable)			DATE OF EXAMINATION / PLACE OF EXAMIN CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			Date of Validity
	DEGREE 907 C		Name of the state				validity
ELIGIBILITY							
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
. WORK EXPER	HENCE	(Continu	e on separate sheet if necessary)				
		from your recent work) Description of du	ties should be indicated in the attached Wo	k Experienc	e sheet		
0	ATES (mm/dd/yyyy)				SALARY/ JOB/ PAY		OOURT
INCLUSIVE D	ATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То				INCREMENT		(Y/N)
01/15/2017	PRESENT	INSTRUCTOR	VISAYAS STATE UNIVERSITY	22,938		REGULAR	Y
06/11/2017	08/08/2017	TECHNICAL WRITER	MEDITAB SOFTWARE INDIA	11,200		CONTRAC	N
11/24/2014	11/24/2014	TECHNICAL WRITER	MEDSPECIALIZED,	19,500		REGULAR	N
		ASSISTANT	INCORPORATED BASILICA MINORE DEL SANTO			CONTRAC	
06/04/2013	11/15/2014	SECRETARY(COMMUNICATION SPECIALIST)	DE CEBU	15,000		TUAL	N
		N SPECIALIST)					
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				NAME OF THE OWNER, WHEN THE OW		managasan emilian emil	
		A STATE OF THE PARTY OF THE PAR	e on separate sheet if necessary)				
SIGNA	TURE	Murinia	DATE June 24, 20)19	CS FORM	212 (Revised 2017), I	age 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVER	RNMENT / PEOPL	E/VOLUNTARY	ORGANIZAT	ONS		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE (mm/dd/ From		NUMBER OF HOURS		POSITION /	NATURE OF WORK
	-					
						-
						1
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRA		rate sheet if necessary)			
Start from the most recent L&D/training program and include only the relevant L&D/trainin			ChalExocutive Ma			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES (mm/do		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	EDUCAT	
REGIONAL PROPOSAL-DRIVEN WRITESHOP FOR TECHNICOM AND OTHER TAPI PROGRAM	08/12/2015	08/14/2015	24.0	TECHNICAL	PRO CO DEPAR	OLOGY APPLICATION AND OMOTION INSTITUTE IN OPERATION WITH THE RTMENT OF SCIENCE AND OLOGY REGIONAL OFFICE VII
TRAINING-WORKSHOP ON THE MOST SIGNIFICANCE CHANGE TECHNIQUE IN MONITORING AND EVALUATION	11/26/2018	11/28/2019	24.0	TECHNICAL	VISAYAS	STATE UNIVERSITY
TRAINING-WORKSHOP ON SCIENTIFIC WRITING FOR REFEREED JOURNALS	07/01/2019	07/03/2019	24.0	TECHNICAL	VISAYAS	STATE UNIVERSITY
			3			
		-0.7-13x22.00				1
***	The same	AL PARENT TO				
VIII. OTHER INFORMATION	(Continue on sep	arate sheet if necessa	ny)			
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC	DISTINCTIONS / RECO	OGNITION		33. MEM	BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
MUSICIAN						
					-	
		, = <u> </u>				
	10-2	arate sheet if necessa	M			
SIGNATURE White	N (Solidade on Sep	DATE		une 24, 2019)	CS FORM 212 (Revised 2017), Page 3 of 4

	the appointing or recommending authority, or to the				
	has immediate supervision over you in the Office,				
Bureau or Department where you will be appp					
a. within the third degree?		YES V NO			
b. within the fourth degree (for Local Governm	ent Unit - Career Employees)?	YES NO			
		If YES, give details:			
35. a. Have you ever been found guilty of any adm	ninistrative offense?				
00.		YES NO			
		If YES, give details:			
b. Have you been criminally charged before ar	☐ YES ☑ NO				
b. Have you been omininally onarged belove at	iy oourt:	If YES, give details:			
		Date Filed:			
		Status of Case/s:			
llava va va sva ba an and data data an anima an	violetics of any law decrees a discourse and the second second				
by any court or tribunal?	violation of any law, decree, ordinance or regulation	☐ YES ☑ NO			
by any court of tribunar?	If YES, give details:				
37. Have you ever been separated from the service	e in any of the following modes: resignation				
	ermination, end of term, finished contract or phased	☐ YES ☑ NO If YES, give details:			
out (abolition) in the public or private sector?		ii 120, give details.			
	al or local election held within the last year (except				
Barangay election)?	al of local election field within the last year (except	☐ YES ☑ NO			
Darangay oloodony.		If YES, give details:			
b. Have you resigned from the government ser	rvice during the three (3)-month period before the last	YES VO			
election to promote/actively campaign for a na	tional or local candidate?	If YES, give details:			
39. Have you acquired the status of an immigrant	or permanent resident of another country?				
33 ,		YES VO			
		If YES, give details (country):			
	3371); (b) Magna Carta for Disabled Persons (RA				
	00 (RA 8972), please answer the following items:				
a. Are you a member of any indigenous group?		☐ YES ☑ NO			
		If YES, please specify:			
b. Are you a person with disability?		☐ YES ✓ NO			
		If YES, please specify ID No:			
c. Are you a solo parent?		☐ YES ✓ NO			
		If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or af	ffinity to applicant /appointee)				
		T 751 NO			
NAME	ADDRESS	TEL. NO.			
FR. HAROLD L. RENTORA, OSA	NATIONAL COMMISSION FOR CULTURE AND THE ARTS	9175068819			
	GRADUATE SCHOOL OF THE	12 2			
MS. JAYNE ABELLA	UNIVERSITY OF SAN JOSE	9178084815			
MR. JOEL SAGUT	UNIVERSITY OF SANTO	24061611			
	TOMAS				
	accomplished this Personal Data Sheet which is				
	ons of pertinent laws, rules and regulations of the				
	uthorized representative to verify/validate the conte in this document and its attachments shall ca				
administrative/criminal case/s against me.	ill tills document and its attachments shall ca	ause the filling of			
administrative/siminal edec/e against me.					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's Lice	onea atr.\				
PLEASE INDICATE ID Number and Date of Issuance		The state of the s			
Government Issued ID: PASSPORT	" (welgan)				
COVERNMENT ISSUED ID. PASSFORT					
ID/License/Passport No.: EC8676164	Signature (Sign inside the b	ox)			
Date/Place of Issuance: DFA TACLOBAN					
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SUBSCRIBED AND SWORN to before me this	affiant exhib	iting his/her validly issued government ID as indicated above.			
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ATTY DYSAN C CHIMOCOD					
	ATTY. RYSAM C. GUINOCOR				
	VSULEGAPerson Administering Oat	th			
		CS FORM 212 (Revised 2017), Page 4 of			