CS Form No. 212				Company of the second				
Revised 2017	PERSO	NAL DAT	A SH	IEET				
concerned.	ation made in the Personal Data Sheet and the					riminal case/s ag	ainst the pers	son
	E TO FILLING OUT THE PERSONAL DATA SH is ()				I. CS ID No		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATION		THE II THE MEDITION OF						
2. SURNAME	GASATAN				-			
FIRST NAME	MERVIN JUNE					NAME EXTENSION (JR.	SR)	N/A
MIDDLE NAME	BRILLO							
DATE OF BIRTH (mm/dd/yyyy)	06//03/1999	16. CITIZENSHIP	enship,		。	Dual Citizenship		
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual critize				by birth by naturalization Pls. indicate country:		
5. SEX	✓ Male ☐ Female	please indicate the d						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	N/A use/Block/Lot No			N/A Street	
	☐ Widowed ☐ Separated ☐ Other/s:		- 10	N/A			CABULIHAN	
7. HEIGHT (m)	1.64m		Su	ibdivision/Village ORMOC		Barangay LEYTE		*
8. WEIGHT (kg)	52kg	ZIP CODE	C	ity/Municipality		Province 6541		
	Jeng	18. PERMANENT ADDRESS	N/A			N/A		-
9. BLOOD TYPE			Нои	use/Block/Lot No N/A		I	Street CABULIHAN	
10. GSIS ID NO.	N/A		Su	ubdivision/Village			Barangay	
11. PAG-IBIG ID NO.	N/A	Anna	ORMOC City/Municipality		LEYTE Province			
12. PHILHEALTH NO.	N/A	ZIP CODE	6541		6541	4		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A			200		
14. TIN NO.	N/A	20. MOBILE NO.	09197936065					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			kirimatsı	u2@gmail.com	<u>m</u>	
II. FAMILY BACKGROUNI								
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name :		full name an			TH (mm/dd/yyyy)
FIRST NAME	N/A	HANNE EXTENSION (JR., SK)			N/A	N/A		
MIDDLE NAME	N/A		N/A		N/A			
OCCUPATION	N/A		N/A			N/A		
EMPLOYER/BUSINESS NAME	N/A		N/A			N/A		
BUSINESS ADDRESS	N/A		-		N/A	N/A		
TELEPHONE NO.	N/A		N/A			N/A		
24. FATHER'S SURNAME	GASATAN	N/A	N/A		N/A			
FIRST NAME	SALVADOR	NA	N/A			N/A		
MIDDLE NAME	COLASITO		N/A			N/A		
25. MOTHER'S MAIDEN NAME		4,992	N/A			N/A		
SURNAME	BRILLO				NA		N/A	
FIRST NAME	ALMA		(Continue on separate sheet if			N/A		
MIDDLE NAME	MONTES			(Co	ntinue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACK	GROUND							SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF (Write in full)	PERIOD OF ATTENDANC			HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC
ELEMENTARY	T. AVILES ELEMENTARY SCHOOL	PRIMARY EDUCAT	TION	2005	2011	N/A	2011	VALEDICTORIAN
SECONDARY	VALENCIA NATIONAL HIGH SCHOOL	HIGH SCHOOL		2011	2015	NIA	2015	VALEDICTORIAN

COLLEGE

7. CARE	EER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING DATE OF EXAMINATION /			PLACE OF EYAMINAT	PLACE OF EXAMINATION / CONFERMENT					
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	,			NUMBER	Date of Validity	
RA 1080			N/A	10/08-09/2019	CITY		0015014	3/6/2022		
N/A		N/A	N/A	N			N/A			
N/A			N/A	N/A	N/A N/A			N/A		
N/A			N/A	N/A	/A		N/A			
	N/A		N/A	N/A	IA		N/A			
N/A			N/A	N/A	N	/A		N/A		
	N/A			N/A N/A				N/A		
/ WORK	EXPERIENCE			N/A						
		Start from your recen	(work) Descriptio	n of duties should be	indicated in the attache	d Work Exp			E	
	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From	То			DEDARTMENT OF	PURE AND APPLIED		INCREMENT			
1/21/2020	07/31/2020	INSTRUC		CHEMISTRY, VISAY	AS STATE UNIVERSITY	24000.00	SG-12-1	N/A	Y	
/8/2019	12/13/2019	PART-TIME INS	TRUCTOR	CHEMISTRY, VISAY	PURE AND APPLIED AS STATE UNIVERSITY	15000.00	N/A	N/A	Y	
I/A	N/A	N/A		-	N/A	N/A	N/A	N/A	N/A	
l/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
I/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
l/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
NIA	N/A	NA		1	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A	
N/A	N/A	N/A			N/A	N/A	N/A	N/A		
			i (C	ontinue on separate sheet			/ ;		removed the	
SIGI	NATURE		199		DATE	08/	20/2000	CS FORM 212 (Revised		

VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			URGANIZATIC	IIV/3	
NAME & ADDRESS OF O (Write in full		INCLUSIVI (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
No. 10		From	To			N/A
N/A		N/A	N/A	N/A	117-11-11	N/A
N/A		N/A		N/A N/A	N/A	
N/A		N/A N/A N/A		N/A		
N/A	listra de la	N/A N/A N/A		N/A		
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A		N/A
N/A		N/A	N/A	N/A	N/A	
LEARNING AND DEVELOPMENT (L&D		ntinue on separate PROGRAMS AT		y)		
rt from the most recent L&D/training program and incl	ude only the relevant L&D training taken fo			Chief Executive/Mai		
TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu		ATTEN (mm/d	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N/A		From N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A	47	N/A	N/A	N/A	N/A	N/A
N/A	- 1865-(AA-9A-76);	N/A	N/A	N/A	N/A	N/A
N/A	Decade and the second	N/A	N/A	N/A	N/A	N/A
N/A	T	N/A	N/A	N/A	N/A	N/A
N/A		N/A	N/A	N/A	N/A	N/A
N/A	The state of the s	N/A	N/A	N/A	N/A	N/A
N/A	2 1-2 2 3 3 10 10	N/A	N/A	N/A	N/A	N/A
W. OTHER INFORMATION	(C	ontinue on separati	e sheet if necess	ary)		
II. OTHER INFORMATION 31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DIST	INCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT
PYTHON PROGRAMMING		N	/A			N/A
PHOTO EDITING	N/A					N/A
N/A			N/A			
N/A		the sales are the	N/A			
N/A N/A N/A					N/A	
N/A	N/A .				N/A	
N/A		N/A				N/A
		Continue on separa	te sheet if neces			
SIGNATURE		E.			DATE	02/20/2026

	Are you related by consanguinity or affinity to the appointing or recommending author chief of bureau or office or to the person who has immediate supervision over you in Bureau or Department where you will be apppointed,	rity, or to the the Office,	,				
	a. within the third degree?	YES NO '					
	b. within the fourth degree (for Local Government Unit - Career Employees)?	YES NO					
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offense?		YES V 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 any law, decree, ordinance any court or tribunal?	☐ YES ☑ NO If YES, give details:					
		notion					
	Have you ever been separated from the service in any of the following modes: resign retirement, dropped from the rolls, dismissal, termination, end of term, finished contra (abolition) in the public or private sector?	act or phased out					
38.	a. Have you ever been a candidate in a national or local election held within the last Barangay election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the three (3)-month period election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent resident of another coul	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled F 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the follow	Persons (RA					
a.	Are you a member of any indigenous group?	wing items.	☐ 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 affinity to applicant /appointee)						
	NAME ADDRE	ESS	TEL. NO.				
L	DR. CANDELARIO L. CALIBO BAYBAY CIT	Y, LEYTE	09176341486				
_	MR. RONALD ARLET P. VILLABER BAYBAY CIT	Y, LEYTE	09176739877				
42.	I declare under oath that I have personally accomplished this Personal Data S complete statement pursuant to the provisions of pertinent laws, rules and re Philippines. I authorize the agency head/authorized representative to verify/validate agree that any misrepresentation made in this document and its attachmadministrative/criminal case/s against me.	egulations of the e the contents state	Republic of the ted herein. I GASATAN, MERVIN JUNE BRILLO				
	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	11					
9	Government Issued ID: PRC	Tay .					
	D/License/Passport No.: 0015014 Sign	box)					
	Date/Place of Issuance: 11/13/2019	8 /20/20 20 Date Accomplished	Right Thumbmark				
F	SUBSCRIBED AND SWORN to before me this 2 4 AUG 2020	, affiant exhibit	ing his/her validly issued government ID as indicated above.				
	ATTY. RYSAN C. G VSULEGAL OFFICE	GUINOGOR ER					
	Person	Administering Oa	ath .				