CS Form No. 212 Revised 2017	PERS	ONAL DAT	TA SH	IEET	07/01/2	orașa Rijaa	2014 S 7 8		
	TWO RESERVED WORKS OF	7 10 50AU9	7-7-14 (G	(sidenilanA II)		20 (200 kg) A			
WARNING: Any misrepresenta concerned.	tion made in the Personal Data Sheet and	d the Work Experience Sheet s	shall cause the f	filing of admir	nistrative/c	riminal case/s aga	ainst the pers	on	
	TO FILLING OUT THE PERSONAL DATA  ( ) and use separate sheet if necessary. Indi				1. CS ID No.	4	(Do not fill up. F	For CSC use only	
I. PERSONAL INFORMATIC		issue revenire applicable. De tre							
2. SURNAME	ALMERODA								
FIRST NAME	VERONICO	and the second of the second o	-	-		NAME EXTENSION (JR.	, SR)		
MIDDLE NAME	BINGALAN			· · · · · · · · · · · · · · · · · · ·					
3. DATE OF BIRTH	3/30/1959	16. CITIZENSHIP							
(mm/dd/yyyy)	3/30/1939	IO. CITIZENSHIP	₩ + , <del>*</del>	✓ Filipin	0	Dual Citizenship	by naturaliz	ration	
4. PLACE OF BIRTH BAYBAY, LEYTE		If holder of dual ci	tizenship,	lby birthby nati Pls. indicate country:				ui alizaUOI1	
5. SEX	✓ Male	please indicate th	please indicate the details.		1 is, indicate				
	☐ Single ☐ Married			N/A			N/A		
6 CIVIL STATUS	☐ Widowed ☐ Separat		Ho	ouse/Block/Lot No	).		Street		
	Other/s:	and the second s	S	ubdivision/Village	100000		PATAG Barangay		
7. HEIGHT (m)	1.56"			BAYBAY City/Municipality	OR A STATE OF THE		LEYTE Province		
8. WEIGHT (kg)	64.5	ZIP CODE		6521		Troundo			
9. BLOOD TYPE	"0"	18. PERMANENT ADDRESS		N/A			N/A	1149	
10. GSIS ID NO.	000-3698-2064-6	SIDO ESTRO POMESA IN	TAPASS	House/Block/Lot No.		Street PATAG			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(a) remove and off light with	S	Subdivision/Village BAYBAY	s sent of this		Barangay LEYTE	1000	
11. PAG-IBIG ID NO.	1211-4230-4594			City/Municipality		Province			
12. PHILHEALTH NO.	13-000103004-4	ZIP CODE	17.00	11 EGI A 21 14 16 6521-A					
13. SSS NO.	03-6982064-6	19. TELEPHONE NO.	CENTRAPEG	- R33V	H883N 5	N/A	chtist" i	3008/71W0	
14. TIN NO.	937-624-698	20. MOBILE NO.			0	9753878468			
15. AGENCY EMPLOYEE NO.	V00874	21. E-MAIL ADDRESS (if any)				N/A			
		21. E-MAIL ADDRESS (II ally)				N/A			
<ol> <li>FAMILY BACKGROUND</li> <li>SPOUSE'S SURNAME</li> </ol>	ALMERO	ODA	23 NAME of C	HILDREN (Write	full name and	l list all)	DATE OF BID	TH (mm/dd/yyyy	
FIRST NAME		NAME EXTENSION (JR., SR)		N/A		inot unj		N/A	
MIDDLE NAME	PACULAN								
OCCUPATION	N/A			/					
EMPLOYER/BUSINESS NAME	N/A				****				
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ALMERO	ODA  SR							
FIRST NAME	CRISOLOGO	SIX.			T-10-1-10-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1	****			
MIDDLE NAME	DIAZ	Z							
25. MOTHER'S MAIDEN NAME	ISRAE	EL				and the second			
SURNAME	ALMERO	ODA							
FIRST NAME	EUSEE	BIA							
MIDDLE NAME	BINGAL	LAN		(0	ontinue on s	aparate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DE (Write in fi		PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS RECEIVED	
ELEMENTARY	GABAS CENTRAL ELEMENTARY SCI	HOOL BASIC EDUC	CATION	1966	1972	GRADUATED	1972	N/A	

l. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHII ACADEMIC HONORS
			From -	То	(if not graduated)		RECEIVED
ELEMENTARY	GABAS CENTRAL ELEMENTARY SCHOOL	BASIC EDUCATION	1966	1972	GRADUATED	1972	N/A
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY EDUCATION	1976	1980	GRADUATES	1980	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	FOREST RANGER CERTIFICATE	1987	1990	GRADUATED	1990	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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7. CAREE	R SERVICE/ RA	1080 (BOARD/ BAR)	1 27 73 5.	DATE OF	3 5 3 6 6 1 2 8			LICENSE (if a	pplicable)
UNDER SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	NUMBER	Date of Validity		
N/A			N/A	A N/A N/A				N/A	N/A
		14 per 201 - 17 18 18 18 18 18 18 18 18 18 18 18 18 18						d	
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40					1 1000	. B			7
	200 mills 1		7_2 MBAS				1 90.5 1.4		
WORK	-VDEDIENO	_		(Continue on separate	sheet if necessary)		A Company of the Comp		
	EXPERIENC te employmen		ecent work) D	escription of duties sl	hould be indicated in the	attached Wo	ork Experienc	ce sheet.	
B. INCLUSIVE DATES (mm/dd/yyyy) POSITION (Write in full/Do no			DEPARTMENT / AGEN (Write in full/D	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)		
2/1/2015	present	ADMINISTRATIV	E AIDE III	VISAYAS STATE UNIV GRADUA	14677.96	SG 3	CASUAL	YES	
01/17/2005	01/31/2015	UTILITY MESS	ENGER	DEPARTMENT OF BIOL	5460.00	N/A	JOB ORDER	NO	
							West senson a size		
76 (1 - 68) <sup>(4)</sup>			. · · · · · · · · · · · · · · · · · · ·	184 A 1 05	VIDELECT.			esser.	
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	11 (12)		41)		ptin Addition			Part of the State	
					tions about to property of property			Table to the section of	J. 1979-0
3				BOTACIST . T	48   FLEXIC Y	es se se se	90.00		
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		1,12	1 4.8		1 7000				
25.0	A.M		1 / 4	F 14		Asia			
STATE WAS SHOWN	Service of the servic			(Continue on separate	sheet if necessary)	to the state of th			
	TURE		Laner		DATE			5, 2023	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
		From	То	- DOY HOLD TO				
A	1 sar 33v i	N/A	N/A	N/A	N/A			
						Company of the second s		
etres	keun 25Y3			1997	DIVERSIFE OF THE PROPERTY OF T	as yas to offered the direct researchy systems. (c)		
8000				-				
	87				Salas vas	auste Legendo si a jump a de compagnito d		
eliste	YES, pleader							
III. LEARNING AND DEVELOPMENT (L&E	) INTERVE	THE RESIDENCE IN COLUMN 2 IN C	A STATE OF THE OWNER, WHEN THE PARTY OF THE	sheet if necessary)	DED			
II. LEARNING AND DEVELOPMENT (L&L tart from the most recent L&D/training program and included the control of						utive/Managerial positions)		
TITLE OF LEADNING AND DEVELOPME	ENT COMPANY OF THE PROPERTY OF	INCLUSI	IVE DATES OF ENDANCE		Type of LD			
INTERVENTIONS/TRAINING PROGRAMS in full)	(Write	(mn	m/dd/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
91616	ic euro 25°	From	То	below more	. Sommoavelc)	is single alter artifered backons treargader. Ynothes alsying in viding second positiods)		
N/A		N/A	N/A	N/A	ole laco.N/A	N/A		
	2 10°P (31°)				1-11-2-	Harris of Harris of the State o		
		1 2 2 2 2	i dolori beren	- Cotchibre		- Legisland and mod barge a see with a legisland and seems and see		
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			H) Printing Ball	es Call for Lise of	SWIM SEE	e Pursualin to , ca indigenosa esitores Act Per		
			anul grivolot s	ed) teware easily	J30 (RA 6972)	7277, and joi Solo Parents Vieifare Acrot C		
- P 867	YES co please an	1		A.D.		<ol> <li>Are you a member of any indiperous group?</li> </ol>		
ON L	23Y		+	+		Acc you a person with disarrain		
- 1 (NC)	e senelo C	T BI			-	Streisg olds // boy atA		
A CONTRACTOR OF THE PROPERTY O	3. 08696							
	Section 1			- Lissylinges	TENIOGE A VISIO	e in operation of catalog for construction and area and the		
Commence of the CV		(Con	tinue on separate	sheet if necessary)		She in		
VIII. OTHER INFORMATION	12/14/14				•	and the second second		
31. SPECIAL SKILLS and HOBBIES	32.	NON		NCTIONS / RECOGNI ite in full)	ITION	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
N/A	3284928	18	NA CROST CATA	A B and a W		AQQA 3 eathle S. Entonius		
encerconforming to encertain and encertains and enc	116 128110 - 117 Sit-	o est s a i	the sheet which	us Personal Da	penalignous visites	compete statement present to the payor		
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SIGNATURE		A	Tream		DATE	5/25/23		
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		1				CS FORM 212 (Revised 2017). Page		
						CS FORM 212 (Revised 2017), Page		
SECTION AND A SECTION ASSECTATION AS			10.25		The second second			
gynde palstoken as ull mannynye i sa					13	KLEIDE D. VELDINE CVA CITURESUS		

	Are you related by consangularity or affinity to the appointing chief of bureau or office or to the person who has immediate			790	,	*
	Bureau or Department where you will be apppointed,	supervision over you	in the Office,	1	LP-F T-	Control of the Control
	a. within the third degree?	1	42	YES	✓ NO :	900
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?		. **	✓ NO	
	A Miles	a alai		If YES, give details		
				ii 120, give details	). ×	
-	a. Have you ever been found guilty of any administrative offer	2002	, A.Y.			97
).	a. Have you ever been lound guity of any authinistrative one	31136 :			✓ NO	
	in the second se		w (	If YES, give details	); ;	
	b. Have you been criminally charged before any court?		¥	YES	✓ NO	
				If YES, give details	S: Y	
				Date Filed:	and the second second second	The second secon
				Status of Case/s:	acceptant of the	service interest and the service of
i.	Have you ever been convicted of any crime or violation of ar	ny law, decree, ordinar	nce or regulation by	YES	✓ NO	
	any court or tribunal?	Sur management of the sur		If YES, give details		
	014 to 1	4	Control of the section of the sectio	·		
7.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?			YES If YES, give details	☑ NO	
	a. Have you ever been a candidate in a national or local electron Barangay election)?	ction held within the las	st year (except	YES If YES, give detail	✓ NO	
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local		od before the last	YES If YES, give detai	✓ NO	
).	Have you acquired the status of an immigrant or permanent	resident of another co	untry?	YES	✓ NO	
				If YES, give details		
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),					7
	Are you a member of any indigenous group?			YES If YES, please specify	✓ NO	
	Are you a person with disability?	et er		YES	✓ NO	
	Are you a solo parent?			If YES, please specify		3
	, no you a solo paront:			YES If YES, please specify	✓ NO ID No:	
Section 19	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDR	RESS 10 Mariano 31	CEL. NO.		
	Dr. Anabella B. Tulin	Visca, Bayba	y City, Leyte	9150727521	eller real	
	Dr. Editha G. Cagasan	Visca, Bayba		9155913358		00
	Dr. Beatriz S. Belonias	Visca, Bayba	y City, Leyte	9322497436		1
	I declare under oath that I have personally accomplished	I this Personal Data	Sheet which is a t	rue, correct and		
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me.	ntative to verify/validate	te the contents state	ed herein.	N	PHOTO
	Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this document	ntative to verify/validate	te the contents state	ed herein.		
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P G ID	Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this document administrative/criminal case/s against me.  Dovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PHILHEALTH ID  //License/Passport No.: 13-000103004-4  ate/Place of Issuance: Baybay City, Leyte	ntative to verify/validar ment and its attach	neture (Sign inside the body 25/2023 Date Accomplished	ed herein. I see the filing of	overnment ID a	PHOTO  Right Thumbmark