CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

	E TO FILLING OUT THE PERSONAL DATA SHE			E PDS FOR		2	(5. 45)	5 000	
Print legibly. Tick appropriate boxe I. PERSONAL INFORMATION	s (In and use separate sheet if necessary. Indicate it	N/A if not applicable. DO NOT A	ABBREVIATE.		1. CS (ID No		(Do not fill up.	For CSC use only	
2. SURNAME	JAVIER								
FIRST NAME						NAME EXTENSION (J			
MIDDLE NAME	BENITO DELA COUR					N.Y	4,		
3. DATE OF BIRTH	DELA CRYZ		and the second						
(mm/dd/yyyy)	06-01-1970	16. CITIZENSHIP	Filipino Dual Citizenship			by natura	curalization		
4. PLACE OF BIRTH	CALBIGA SAMAR	If holder of dual citize				country:			
5. SEX	Male Female	please indicate the o	details.	5.			2.	-	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street /3 RY MARCOS Subdivision/Village Barangay						
7. HEIGHT (m)	1.524 M-	Ba		YBAY CITY, LEYTE					
8. WEIGHT (kg)	G4 K9 -	ZIP CODE		O 6521-A				1.5	
9. BLOOD TYPE	TOT	18. PERMANENT ADDRESS					•		
10. GSIS ID NO.				House/Block/Lot No. Street ADRY. MARCOS Subdivision/Village Barangay					
11. PAG-IBIG ID NO.		The state of the s	BAYI	AYBAY, CITY LETTE City/Municipality Province				agent di anni den adalament en esperida _n travalen a travalent in agence abroni	
12. PHILHEALTH NO.	13-200240793-4	ZIP CODE		6521-A					
13. SSS NO.			N.A.						
14. TIN NO.	925-751-952	20. MOBILE NO.	09355953092						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	7		N N				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	MODINA		23. NAME of C	HILDREN (Wr	ite full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	PERLA	NAME EXTENSION (JR., SR)	JENYVIEO, JAVA			沢	0409	92	
MIDDLE NAME	POSHS		JEZELLE M. JAVIER CALIC						
OCCUPATION	HONGEWIFE		JERWIN M. JAVIER			, , , , , , , , , , , , , , , , , , , ,	12/12	195	
EMPLOYER/BUSINESS NAME			MARIA JAYAHA M. JAVIER 101		10/01	199			
BUSINESS ADDRESS		1	JAYZA MAE M. JAVIE			12/30	000		
TELEPHONE NO.			JOHN	5				1	
24. FATHER'S SURNAME	JAVIER					MYAVE			
FIRST NAME	ARTURO	NAME EXTENSION (JR., SR)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
MIDDLE NAME	LABID								
25. MOTHER'S MAIDEN NAME					**************				
SURNAME	DELA CRUZ								
FIRST NAME	CLEOPAS								
MIDDLE NAME	BERINO			(0	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG							h T		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
	(Trite strain)	(Wille III luli)		From	То	(if not graduated)		RECEIVED	
ELEMENTARY	CANFICUM ELEM - SITOOL	ELEM. GRADI	ME	1977	1984		1984	N.A.	
SECONDARY									
VOCATIONAL / TRADE COURSE		T							
COLLEGE									
GRADUATE STUDIES	132/17 8/10/2	12461			x 25	=			
	(c	ontinue on separate sheet if nece							
SIGNATURE	1 16	DATE	4/2	5/17		CS FORM 212	2 (Revised 2017)	, Page 1 of 4	

ATTENDED DE L'AGE DE SE	ERVICE ELIC				\			LICENCE (if a	nolicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT				NILIMADED		
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	N.A.	2				-			
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clude priva	ate employme	nt. Start from your recen	work) Description	n of duties should be	indicated in the attach	ed Work Exp	STATE OF THE PARTY	To a magnet	Ballerin
	SIVE DATES n/dd/yyyy) To	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")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIO (Y/ N)
01/01/7	present	HOWEHOLD ATT	ENDANT!	VICAYAS STAT	E UNIVERSITY	11,387	96-3	Regulas P	
01/01/16	1 ()	TOWEHOLD ATTEN			EUNIVERSITY	10,883.	59-3	Regular P	
10/01/14	1	HOWEHOLD ATTER		VICAYAS STAT	E University	10,401.	59-3	Regular P	
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SIGNATURE			DATE 4 25/17 CS				FORM 212 (Revised 2017), Page 2 of 4		

OLUNTARY WORK OR INVOLVEMENT		IMENT / PEO		VTARY ORGA	_ttion/s	
NAME & ADDRESS OF O (Write in full		INCLUSIV (mm/dx		NUMBER OF HOURS		POSITION / NATURE OF WORK
NA.	- X of Control of Cont	rion	10			
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LEARNING AND DEVELOPMENT (L from the most recent L&D/training program and	e care to the first of the contract of the con	A CONTRACTOR OF STATE			ecutive/Managerial na	silians)
		INCLUSIVE	DATES OF		Type of LD	
TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
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	l (C	Continue on separ	ate sheet if nece	ssary)		
OTHER INFORMATION						
SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIS (W	TINCTIONS / REC	COGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)
COOKING	N.A.				N.A.	
	E PALE			- 3 - 3		
		1	\$75°	***************************************		
	X 1 X 2 X 2 X 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3					
		Continue on sepa	rate sheet if nece	essary)		
	13	F. F. S.	DATE	4/26	7/17	CS FORM 212 (Revised 2017), Page

34.	chief of bureau or office or to the person who has immediat Bureau or Department where you will be approinted, a. within the third degree? b. within the fourth degree (for Local Government Unit - Car	YES NO YES NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative of	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 NO If YES, give details:			
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	YES NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local element of the Barangay election)? b. Have you resigned from the government service during the election to promote/actively campaign for a national or local election.	☐ YES ☑ NO If YES, give details: ☐ NO If YES, give details: ☐ NO			
39.	Have you acquired the status of an immigrant or permanen	YES NO If YES, give details (country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas				
a.	Are you a member of any indigenous group?	o dilanoi dio loloming dollo.	If YES, please specify:		
b.	Are you a person with disability?	If YES, please specify: YES NO			
C.	Are you a solo parent?		If YES, please specify ID No: YES If YES, please specify ID No: If YES, please specify ID No:		
41.	REFERENCES (Person not related by consenguinity or affinity to applica	ant /appointee)			
	NAME	ADDRESS	TEL, NO.		
-DR	C. OSCAR B. POSAS	PARY, MODEOR BATRAY			
PR	OF. ALAN B. LOTETO	VISCA PAYBAY. OCTI	(90		
DR	NELEN P. LAMBERT	VICH PSAYBAY, CITY	(2)		
42.	I declare under oath that I have personally accomplished to statement pursuant to the provisions of pertinent laws, rule the agency head / authorized representative to veri misrepresentation made in this document and its attach- against me.	s and regulations of the Republic of the Phil fy/validate the contents stated herein. I	ippines. I authorize		
- 120	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) **LEASE INDICATE ID Number and Date of Issuance**				
	overnment Issued ID: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12.			
IC	O/License/Passport No.: V J - 0019 b	x)			
D	ate/Place of Issuance:	Date Accomplished	4 2 Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	Mgii			
		THE PROPERTY OF THE PROPERTY OF THE	CS FORM 212 (Revised 2017), Page 4 of 4		

ROLL OF ATTORNEYS NO. 57467

Also.