CS Form No. 212									
Revised 2017	PERSO	NAL DAT	A SH	IEE'	Г				
WARNING: Any misinterpreta concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet sha	ll cause the fi	ling of adm	Inistrative/c	riminal case/s ag	ainst the per	son	
	TO FILLING OUT THE PERSONAL DATA SH	, ,		E PDS FOR			(De set fill up I	For CSC use only	
Print legibly. Lick appropriate boxes	s () and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	BBREVIATE.		1 CSID No.		(DO NOL IIII up. 1	or CSC use only	
2 SURNAME	ALMERODA								
FIRST NAME					water the state of	NAME EXTENSION (JR	., SR)		
	VERONICO				***************************************				
MIDDLE NAME	BINGALAN			-					
DATE OF BIRTH (mm/dd/yyyy)	3-30-1959		Filipino Dual Citizenship						
4. PLACE OF BIRTH	BAYBAY CITY LEYTE	If holder of dual ditizer	nship,			Pls. indicate of	ountry:		
5. SEX	Male Female	please indicate the de	tails.					-	
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS							
V SIVIE STATES	Widowed Separated Other/s:		House/Block/Lot No. Subdivision/Village				Street PATA C Parantaly		
7. HEIGHT (m)	1.56		B	AYBAY	(LEYT	E	
8. WEIGHT (kg)	63.5	ZIP CODE	_	SQI-			Province		
9. BLOOD TYPE	10°	18. PERMANENT ADDRESS	4	9 001					
			Ног	use/Block/Lot I	Vo.	ercena el e se es parente con la companya el companya	Street		
10. GSIS ID NO.	000369820646			bdivision/Villag	-		Barangay		
11. PAG-IBIG ID NO.	121142304594		BA	City/Municipality	/ /		LEY7 Province	E	
12. PHILHEALTH NO.	13-600103004-4	ZIP CODE	(0)	(21-)	t				
13. SSS NO.	03-6982064-6	19. TELEPHONE NO.							
14. TIN NO.	937-624-698	20. MOBILE NO.	09	3620	2000	60			
15. AGENCY EMPLOYEE NO.	V00874	21. E-MAIL ADDRESS (if any)					;		
I IL FAMILY BACKGRÖVIND									
22. SPOUSE'S SURNAME	AT METODA		23. NAME of CH	IILDREN (Wri	te full name an	d list all)	DATE OF BIR	TH (mm/dd/yyyy	
FIRST NAME	XIVIADE	NAME EXTENSION (JR., SR)		1//	Ý				
MIDDLE NAME	PACULANG	1		XI/	4				
				N/1	4				
OCCUPATION	N/X			N/F					
EMPLOYER/BUSINESS NAME	N/A		N/A			-			
BUSINESS ADDRESS	N/A		N/A						
TELEPHONE NO.	,		N/A						
24. FATHER'S SURNAME	ALMERODA		N/A						
FIRST NAME	CRISOLOGO NAME EXTENSION (JR., SR)		N/A						
MIDDLE NAME	DIAZ		N/A						
25. MOTHER'S MAIDEN NAME			N/A					, .	
SURNAME	BINGALAN		N/A						
FIRST NAME	EUSEBIA		N/X						
MIDDLE NAME	ISRAEL			(0	ontinue on se	parate sheet if neces	Isary)		
III. EDUCATIONAL BACKS							法司法公 型共2	Karlana an	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)			PERIOD OF ATTENDANCE		YEAR GRADUATED		
ELEMENTARY	Gabas Elementary School	ELENGINARY		From	1972	N/A	1972	RECEIVED	
CECONDADY.	Expiremental RURAL	SECONDARY	.)	 	1	1.			
VOCATIONAL /	Expiremental MURAL HIGH SCHOOL (VISCA)	SECONDARY EDUCATION	oN	1976	1980	N/A	1980		
TRADE COURSE COLLEGE	VLATHS STATE College of Agricul	How From I Dance		1007	IAAA	1//4	land		
OULLEGE	VAILTYS SIMIL WROSE OF I GHOW	TOTAL KANGER	errepeat	MET	1990	N/A	1990		
GRADUATE STUDIES		Continue on sensorie sheet if	5 p. 6 9 27 A	<u></u>					
SIGNATURE	PMOWE In separate sheet If necessary)			Di	DATE		Valy 25, 2017		

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personal metal providence in the	ERVICE ELIC	CONTROL OF THE PARTY OF THE PAR	THE RESIDENCE	DATE OF		-		LICENSE (if a	nnlicable)
SPECIAL LAVVS/ CES/ CSEE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	ATION / CONFER	MENT	NUMBER	Date o	
NONE							-	validity	
								7	

					r				
						. 4			
							And Anna Sergeryan - Serverya - Andrews		
	XPERIENCE	nt. Start from your recen	A SOLD ON THE SEC	ontinue on separate sheet		and West Fo			
INCLU	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not	TLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Formal *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'SERVIC
1-1-1Z	Present	Admin Aide	: 111	Gradua	e School	317-59 day		CASUAL	yes
-17-05	1-31-15	UTILITY MESSE		Department	20/day		Job Order		
3-16-01		Seanity Gua	erd	Task Masker Investiga	of Biological ences r. Security and fum Agency	6,000 mon		Contractual	
10-94	10-24-96	Seizing Ope	rator	pragon oc	ean marketing	120/day		Contractual	

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Marine State Court Security and Constitution of the Constitution o						v	5		
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					uly 24, 20				

Subs.

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		VE DATES dd/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
ofag Gabas Guadalupe Farmers Association	4-1J-12	Pregat		Pre	sident	
	Continue on separate	THE RESIDENCE OF THE PROPERTY WHEN PERSON)			
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING It from the most recent L&D/training program and include only the relevant L&D/training taken for	or the last five (5) year:	s for Division Chie	l/Executive Manageri	el positions)		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	E DATES OF NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/elc)	CONDUCTED/ SPONSORED BY (Write in full)	
ocus Group Discussion (+GD)	1-17-17	1-17-17	6	mag jakat medilingsi distr. canat usunya napi antaktiran lapunel, shufma	Brow Potago College of Foresty	
view Group Discussion (FGD).	3-20-15	3-20-15	4		Collège at Pores Ary and Environnental Desentes	
GP SUMMIT: "NEVISING the Implementation of the	2-20-14	2-21-14	16		Rain Forest Restoration fuctor of Dept. of Environeil & Natural De	
Ler Darangay Forum on Building Govern , Sustainable Barangay Pous on the Watery Sanitation Sector	4-25-14	-	8		Institute for transfer Research	
ational Corcelling Program/Community Base Forest management Consultative Meeting	5-30-14	J-30-14	8	A CONTRACTOR OF THE PARTY OF TH	Community Environment and	
minar on Organization Development	T-31-14	6-2-14	20		Violural Recources Tufffule por Groves perceases and revelopment Shudres	
radership Training and Team Building work shop for Leaders	9-12-13	9-13-13	16		Trustitute por stratege peager	
work ship for Leaders	1-1210	1-15-13	10		in Developenent Square	
		-				
				nacionis nechesbosho inchi di acrististera		
			-			
TO AND ADMINISTRATION OF THE PROPERTY OF THE P	Continue on separate	sheet if necessary)			
. OTHER INFORMATION					T	
1. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTII (Writ	nctions / RECOG te in full)	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
arrowler / Planes And same					Potag Gabas Cerca dalune AARAHAR ASACTOR CAMINA EXPLOR PRATERIOR SO CAMINA EXPLORE PRATERIOR SO CAMINA LAMBA SOMEONIM	
The state of the s					So CAPULA CAMUR SUGURURY	
			-			
		The state of the s				

	as immediate supervision over you in the Office,				
Bureau or Department where you will be apppe	pinted,				
a. within the third degree?	YES NO				
b. within the fourth degree (for Local Government	YES NO If YES, give details:				
		ii i Lo, give details.			
35. a. Have you ever been found guilty of any adm	YES NO				
	If YES, give details:				
b. Have you been criminally charged before an	YES NO				
		If YES, give details:			
		Date Filed: Status of Case/s:			
	violation of any law, decree, ordinance or regulation by	YES NO			
any court or tribunal?		If YES, give details:			
37. Have you ever been separated from the service		YES NO			
(abolition) in the public or private sector?	ermination, end of term, finished contract or phased out	If YES, give details:			
	al or local election held within the last year (except	YES NO			
Barangay election)?		If YES, give details:			
	vice during the three (3)-month period before the last	YES NO			
	election to promote/actively campaign for a national or local candidate?				
39. Have you acquired the status of an immigrant of	or permanent resident of another country?	YES NO			
	If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8	8371); (b) Magna Carta for Disabled Persons (RA				
	00 (RA 8972), please answer the following items:				
Are you a member of any indigenous group?	If YES, please specify:				
b. Are you a person with disability?	YES NO				
c. Are you a solo parent?	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 affin	nity to applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
DR ANNABOLLA B. TULIN	VSY				
DR EDITHA G. CAGASAN	VSU				
DR BEATTEIZ S. BELOWIKS	VSV				
	accomplished this Personal Data Sheet which is a t				
complete statement pursuant to the provision	ons of pertinent laws, rules and regulations of the	Republic of the			
Philippines. I authorize the agency head/autho agree that any misrepresentation made in	rized representative to verify/validate the contents statenthis document and its attachments shall cause	ed herein. VERONICO B.ALMERODA			
administrative/criminal case/s against me.	and the attentioned offer out	ac the hilling of			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Diver's Lice		wes restablished			
PLEASE INDICATE ID Number and Date of Issuance	inse, etc.)				
Government Issued ID: VOO874	- James Ge				
ID/License/Passport No.:	oox)				
Date/Place of Issuance: VSU	Right Thumbmark				
	Date Accomplished				
SUBSCRIBED AND SWORN to before me thi	s, affiant exhibiti	ng his/her validly issued government ID as indicated above.			
	M				
	ATTY. RYSAN C. GUINOC	OR STATE OF THE ST			
	h +/42/47				
The second secon	MCLE COMP. NO. V-GOTORRO-0	CS EDPM 212 (Paying 2017) Page 4 of			
	ROLL OF ATTORNEYS NO. 574	67			