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. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate bos () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT AB 1. CS ID No (Do not fill up. For CSC use only PERSONAL INFORMATION 2. SURNAME CAPIL ORLAN FIRST NAME CABATINGAN MIDDLE NAME 3. DATE OF BIRTH 07/04/1977 16. CITIZENSHIP Filipino (mm/dd/yyyy) ☐ Dual Citizenship by birth by naturalization CARMEN CEBU 4. PLACE OF BIRTH If holder of dual citizenship Pls. indicate country: please indicate the details. ✓ Male ☐ Female ☐ Single 17 RESIDENTIAL ADDRES Married Married 6 CIVIL STATUS ☐ Widowed ☐ Separated Other/s: 7. HEIGHT (m) 1.77 8. WEIGHT (kg) 76 KL ZIP CODE 18. PERMANENT ADDRESS "D" 9. BLOOD TYPE House/Block/Lot No DAWS AIDRIE Alk 10 GSIS ID NO Subdivision/Village 121203563686 11. PAG-IBIG ID NO. City/Municipality 12. PHILHEALTH NO. 12-050285416-9 ZIP CODE 10005 Alu 13. SSS NO 0618587258 19. TELEPHONE NO. 09632656465 14 TIN NO ALG-539-060-000 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. OrlanceBagMAIL.COM 21. E-MAIL ADDRESS (if an **FAMILY BACKGROUND** CAPIN 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) (mm/dd/yyyy) ALMIRA ARVIE C. CAPIN FIRST NAME 10/19/2007 CABRALES MIDDLE NAME TUACHETTA GOOT OCCUPATION EMPLOYER/BUSINESS NAM VSU VISCA BAYBAY CITY LEYTE BUSINESS ADDRESS NIA TELEPHONE NO. CAPIN 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) MAXIMIKAM FIRST NAME ESCOTON MIDDLE NAME 25. MOTHER'S MAIDEN NAME CABATINGAM SURNAME EVANCELINE FIRST NAME SDILAND MIDDLE NAME

II. EDUCATIONAL B	ACKGROUND						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHI / ACADEMIC HONORS
			From	То	(if not graduated)		RECEIVED
ELEMENTARY	DAWIS KIDILTE ELEMENTARY SCHOOL	ELEMENTARY	1980	1992	NA	1992	
SECONDARY	CARMEN MATIONAL HIGH SCHOOL	HIGH SCHOOL	1993	1999	NIA	1999	
VOCATIONAL / TRADE COURSE	N/K	NA	H/A	NA	NA	MA	NIA
COLLEGE	CEBU TECH HOLOGICAL UNIVERSITY	COLLEGE	2000	7003	N/A	2003	
GRADUATE STUDIES	NA	N/A	A/N	MA	NA	MA	N/A
	(Cont	inue on separate sheet if necessary)					

01/06/2002

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING	DATE OF EXAMINATION / CONE		LICENSE (if applicable		applicable)		
		(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERM		FERMENT	NUMBER	Date of Validity	
MIF		MK	Le/A	MIF			MA	HA	
			1915 10 10 10 10						
							-		
V. WORK E	VPEDIENG		(Contin	nue on separate sheet i	f necessary)				
		t. Start from your recent	work) Descrip	tion of duties should	l be indicated in the	attached Wor	k Fynerience	cheet	
28. INCLUS	IVE DATES (dd/yyyy)	POSITION TIT (Write in full/Do not al	LE	DEPARTMENT / A	AGENCY / OFFICE / PANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
12/01/2014	06/30/294	SCIENCE RESI	EARCH	INSTITUTE OF	THE OPICHL ECOLA	9,408.8	N/A	100	
06/06/2013		LABORER		DEPARTMENT BREDDING AL	OF PLANT	4880		JOB JOB	怀
क्रिश्वित्र	05/4/201	MATURET COLLE	CTOR	LOCAL GOY	ENTABLY OF	3,500	NK	JOB ONDER	旅
02/20/2009	02/61/2010			LOCAL CITYLETT	MENT OF	3,520	14/4	10B Ottobar	YES YES
10/18/2007	02/10/7009	LINEMAN IRST	ALLETZ	JONES ST	PRET CEBU	3,600	NIL	CONTRACTOR	40
	2	***************************************		City		7,000	1-11	CONTINUE	~~
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	2	2							
			(Continue	e on separate sheet if r	necessarv)				
SIGNAT	URE	July	•		DATE	01/0	6/20		
							CSFORM	212 (Revised 2017),	Page 2 of 4

IV. CIVIL SERVICE ELIGIBILIT

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
111 m		NI/A	NIA	14/14		Nol 14	
		711	7-11	. , ,			
			1				
				leighte mi	1 (11)		
VIII LEADAING AND DEVELOPMENT // * DEVINT			heet if necess				
VII. LEARNING AND DEVELOPMENT (L&D) INT (Start from the most recent L&D/training program and include only						tive/Managerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTION	1983	INCLUSIVE DATES OF ATTENDANCE			Type of LD	CONDUCTED COOLSONED BY	
PROGRAMS (Write in ful		(mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
1809001 ZOIM AINWERTHES PREAMENT	esc ni-	From 27 7070	11/27/2020	3	MIX	VIGAYAS STATE UNNETGITY	
FOLIOSE COLDY LAND NOTH AND IN LIN	PUCTION OF OF				NIL	 	
CILTIZ METHOD AND I DENTIFICATION OF	ELMM		1 1	2	-	VISAGE STATE UNIVERSITY	
PANTICIPATION CONSTAL DESCUIVE ASSET	1	1	04/10/2019	11	4/4	NEATH STATE UNINEDSITY	
PCRX HABITAT ASSESSMENTS			11 30 2013	16	N/K	INOPACAN, LETTE	
PATTICIPATORY COASTAL RESOURCE	ASSESCIMBAUT	200 200	03/25/2019	160	NA	BAYBAY CITY, LEYTE	
	1.15.11-11-1			ZA	MA	BAYBAY - MATALOM	
Thaining counce on feeds feeding himagement for aquaculture spec	125 09	19/2011	वर्ष पर १०१४	40	14/2	SOUTHEAST ASSAU FISHERIES DEVELOPMENT CONTENT	
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A CONTRACTOR OF THE PARTY OF TH							
	. 42	43.4			52111 33		
VIII. OTUED INFORMATION	(Continue o	n separate s	sheet if necessa	ary)			
VIII. OTHER INFORMATION	NOWAGADE	MIO DIOTIN	aua /		E	MEMBERSHIP IN	
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADE	(Write	CTIONS / RECO	JGNITION		33. ASSOCIATION/ORGANIZATION (Write in full)	
DNING		74	UNITED TO	C. U		PROFESSIONAL ASSOCIATION OF PHING INSTRUCTOR	
PLLIMPING							
CARPENTRY							
DRNING		- Designation				terroritation of the second of the second	
WELDING				1			

SIGNATURE	(Continue of	n separate s	sheet if necessa				
SIGNATURE	leus .			DA	ATE	01 / 06 / 2022 CS FORM 212 (Revised 2017), Page 3 o	

or or builday of	ment where you will be apport	the appointing or recommending has immediate supervision over you ointed,	u		ε,		
	degree (for Local Governm	☐ YES☐ YES☐ If YES, giv	☑ NO ☑ NO re details:	2			
35. a. Have you ever t	peen found guilty of any adm	ninistrative offense?					
		☐ YES If YES, give	☑ NO e details:				
b. Have you been	criminally charged before an	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
36. Have you ever bee ordinance or regula	n convicted of any crime or tion by any court or tribunal	☐ YES If YES, give	✓ NO				
finished contract or	n separated from the service ent, dropped from the rolls, phased out (abolition) in the	☐ YES ☑ NO If YES, give details:					
last year (except Ba	een a candidate in a nationa rangay election)?	l or local election held within the	☐ YES If YES, give det	☑ NO tails:			
period before the la	ed from the government servest election to promote/active	☐ YES ☑ NO					
	the status of an immigrant	☐ YES ☑ NO If YES, give details (country):					
a. Are you a member o b. Are you a person wit c. Are you a solo paren		☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES ☑ NO If YES ☑ NO					
41. REFERENCES (Person no	ot related by consanguinity or affinity	to applicant /appointee)	I EO. Dicuse s	Decily ID No			
	AME	ADDRESS	TEL. NO.	10	acres .		
DR. ELIZA D. 1	ESPINOSA	VISAYAS STATE UANHISTA					
DIL HUMBERTO R		VEMES STATE LUNERS ITY	563-7726				
DIL JOSE L. BACUS		VISAYIAS STATE ULLUBRATY	NO3-7450	4	100 PM		
regulations of the representative to v	Republic of the Philippine erify/validate the content	omplished this Personal Data Shee to the provisions of pertinent laws es. I authorize the agency head	t which is a s, rules and d/authorized				
Number and Date of Issua	LEASE INDICATE ID						
Government Issued ID: PHI		Down -					
Date/Place of Issuance BA		DX)	Diele Th				
CRIBED AND SWORN to bef	ore me this	Date Accomplished	The second secon	-	umbmark		
		ATTY. RYSAN C. GUINOCOK VSU Over Legal Officer Person Administering Oat		dly issued governme	ent ID as indicated a		
		Toon Administering Oat			7,1		