CS Form No. 212 , Revised 2017	PERSO	NAL DAT	A SH		SAPER SERVICE/ RA 148 SPELIAL LAWS BASHESAY RECORUTE	
	tion made in the Personal Data Sheet and t	he Work Experience Sheet s	hall cause th	_		
	TO FILLING OUT THE PERSONAL DATA SHI			E PDS FORM.	HONOR GRADUATE	
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	() and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT A	ABBREVIATE.	1. CS ID No.	(Do not fill up. For CSC use on	
2 SURNAME	CASTIL					
		The control of the co		NAME EXTENSION	ON (JR., SR)	
FIRST NAME	JHONAVEL			N/A		
MIDDLE NAME	ROMBLON					
DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 23. 1995	16. CITIZENSHIP	8. CITIZENSHIP		☐ Dual Citizenship ☐ by birth ☐ by naturalization	
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYTE	If holder of dual citize	enship,	Pls. indica	ate country:	
5. SEX	☐ Male ☑ Female	please indicate the c	TO CORES POR MANAGEMENT POR ENVI	Philippines		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	mino I)		GUMAMELA ST.	
6 CIVIL STATUS	☐ Widowed ☐ Separated		H	ouse/Block/Lot No.	Street MARCOS	
	Other/s:		S	ubdivision/Village	Barangay	
7. HEIGHT (m)	0.13208 m	S AROLLY DESCRIPTION OF A R. N. ROOM A. D. CO. SPAR DE MARKET		BAYBAY City/Municipality	Province	
8. WEIGHT (kg)	62 kg	ZIP CODE	6521		(i) (iii))	
9. BLOOD TYPE	AB+ 00.888.81	18. PERMANENT ADDRESS	- Ni	USTOMER SERVICE ASSISTANT	3/2015 10/5/2015 0	
10. GSIS ID NO.	18.549.00 8.78	VD NOR	VEG IN	puse/Block/Lot No.	Street LEWING	
OM MAISTRAGTINGS	10000001	MEDIAZONE PRODUCT			Barangay SOUTHERN LEYTE	
11. PAG-IBIG ID NO.	121143904491			City/Municipality	Province	
12. PHILHEALTH NO.	03-025772050-7	ZIP CODE	6610		5/2018 5/3/2020 (A	
13. SSS NO.	03-45123574-8	19. TELEPHONE NO.	OMINISTRATIVE AIDE III AN		2020 PRESENT A	
14. TIN NO.	322-041-301-000	20. MOBILE NO.	0955-420-9673 / 0928-755-6851			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	rjhonavel@yahoo.com			
II. FAMILY BACKGROUND						
22. SPOUSE'S SURNAME	N/A		23. NAME of C	CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yy	
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	EROS GAVIN CASTIL		FEB. 26, 2019	
MIDDLE NAME	N/A					
OCCUPATION	N/A					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A			;		
TELEPHONE NO.	N/A					
24. FATHER'S SURNAME	CASTIL					
FIRST NAME	NILO	NAME EXTENSION (JR., SR)				
MIDDLE NAME	MATAFLORIDA					
25. MOTHER'S MAIDEN NAME		,				
SURNAME	ROMBLON					
FIRST NAME	REFELYN					
MIDDLE NAME	PALCO			(Continue on caparate cheet if		

6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS
			From	То	(if not graduated)		RECEIVED
ELEMENTARY	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2007	GRADUATED	2007	SALUTATORI N
SECONDARY	SAINT ANTHONY'S HIGH SCHOOL	SECONDARY EDUCATION	2007	2011	GRADUATED	2011	SALUTATOR N
VOCATIONAL / TRADE COURSE	N/A	N/A \					
COLLEGE	METRO MANILA COLLEGE	BSBA-FINANCIAL MANAGEMENT	2011	2015	GRADUATED	2015	MAGNA CUI
GRADUATE STUDIES	N/A	N/A					

Luna

SIGNATURE

DATE 11/28 2000

	ERVICE ELIG		1 1					*	
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / PLACE OF EXAM CONFERMENT		IINATION / CONFER	MENT	LICENSE (if app	Date of	
	HONOR GRADUATE ELEGIBILITY		, N/A	N/A	73 R - NI -	N/A			Validity 3/27/201
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				charic od saccomusedo Continue on separate sh	eet if necessary)	70			
	EXPERIENC <i>E</i> vate employme	ent. Start from your recen	t work) Description	of duties should be	indicated in the attacl	sed Work Experi	ence sheet.		
28. INCLI	USIVE DATES nm/dd/yyyy)	POSITION 7 (Write in full/Do not	TITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То			88 300.20	And Andread Section 2017 - Section 2019 - Company (Section 2019)		INCREMENT	positive) emerimento ordine anticipio conditito est. (1000 militario est	(Y/ N)
5/13/2015	10/5/2015	CUSTOMER SERVICE A	SSISTANT	MARKET STRATEG	GIC FIRM	13,338.00	AB+	PROBATIONARY	NO
10/13/2015	12/31/2016	FINANCIAL ANALYST 1	TANT	DSWD-NCR	DODUGTIONS	18,549.00	SG-9	MOA	YES
2/1/2017 8/16/2018	3/15/2018	ADMINISTRATIVE ASSISTANTIVE AIDE	The charge of th	MQ MEDIAZONE P	-	11,000.00	1211425944	CONTRACTUAL	NO
6/1/2020	5/31/2020 PRESENT	ADMINISTRATIVE AIDE		VISAYAS STATE U		9,659.36	03-0257720	J.O CASUAL	YES
6/1/2020	PRESENT			VISATAS STATE U	NIVERSIT	11,243.63	SG-3	CASUAL	YES
The second secon			5-470-98731092872	160) 04		500-	322-041-301	•	Da 197 a 4
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SIGN	IATURE	Luone		A HISSORIA CON STREET WAS STORY OF HER RECOGNISTANCE.	DATE		11/23/20	20	

9.	NAME & ADDRESS O	FORGANIZATION	INCLUSIV		000000	felore	The state of the s	
	(Write in		(mm/dd	фуууу) То	NUMBER OF HOURS		POSITION / NATURE OF WORK 10 USS 148	
	NONE	297 🗆 .	Tion	Employees)	Inil - Career	Inomination (b. within the fourth degree (for Local	
<u> </u>	50X1 L	Il YES, give detail		. Teaa foidiir.	100 100 - 1111	Mentinevoc	D. Million for rought degree (not bodd)	
Control of the Control of the Control								
	(V) NO	TI VES			stive offens	any adminis	a, rtava you ever been found guilty o	
	181	If YES, give detail		000			T.	
	ON [M]	Zay L.			urt?	before any co	b. Have you been criminally charged	
	12	If YES, give detail Date Filed:						
			tinue on separate :	sheet if necessary	0			
I. LEARNING	AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING PRO	GRAMS ATT	ENDED	al ins to note	loly no accura-	Have you ever been convious of any	
art from the most re	ecent L&D/training program and in	clude only the relevant L&D/training taken for	the last five (5) yea	ers for Division Cl	hief/Executive/Mana	gerial positions)	Planuard to reuce yes	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			TOTRUDES (MINGONANA) TOTRACTOR		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
	FMU General Assembly of	um Teambuilding	12/2/216	12/3/2016	16 hrs.	Technical	telirement, dropped from the rolls, de se	
Finance Manag	ement Unit 1st Semestral P	rogram Implementation Review CY	7/7/2016	7/9/2016	24 hrs.	Technical	a spicins a ne pswp-ncR v evsH .s	
Roll-Out Train	2016	Government Accounting Manual	5/13/2016	5/13/2016	8 hrs.	Technical	DSWD-NCR	
	ntation on the National Cult	Terlierasi FT Yes	4/19/2016	4/19/2016	8 hrs.	Technical	b riave you resigned from the govern	
	om-Up Budgeting Year-End	If YES, dive dela	2/23/2016	2/24/2016	16 hrs.	STROBSTER TO L	DECHED ARABORISHING OF HONDAR	
	- OH E		er country :	HOHS TO THOSE	251 7151161111	Technical	it his to smisis aut naumbor not aveu	
	aining on Project Managem	ent for BOB Field Staff	12/1/2015	12/3/2015	24 hrs.	Technical	DSWD-NCR	
		S (RA	abled Person	arta for Dis); (b) Magna C	NEB AZI) JOA	Pursuant (c. (a) indigenous People s	
		ems	ne foilawing t	se answer	1	Act of 2000 (B	7277): and (c) Solo Parents Welfare	
	ОиБ	237 []				group?	Are you a member of any indigenous	
	y U NO	III YES, piease speci					Are you're person with disability?	
		If YES, please specif						
	ои 🗍	□ YES					Are you a solo parent?	
	OVI CI I	II Y ES, DIGSE SPECIFICATION OF THE CONTROL OF THE	NEXT OF SECURITIES					
		The state of the decorate of the state of th		ointee)	to applicant /appo	guinity or affinity		
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Notice the services of the ser		nieten neige zuneige (Co	ntinue on separate				antelescomeraim vac test ecos.	
/III. OTHER INI	FORMATION					(0.0)	principal establishment	
31. SP	PECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST (Wr	INCTIONS / RECO	estereog gerenesia	Onerations of	33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)	
SPORTS	(Volleyball, Badminton)	JAnna .	SUBNCE					
	COOKING	SQIII.				enadeser va scannochiero apresi encica	overnment Issued ID SSS	
	DANCING	In inside the box)	Signature (Sign inside the box)					
bmark	Right Thum	complished	Data Ar			ate/Place of Issuance: OCTOBER 27, 2015		
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34. Are you related by consanguinity or affinity to the appointing						
chief of bureau or office or to the person who has immediate	supervision over you in the Office,					
Bureau or Department where you will be apppointed,	MA CONTRACTOR	out a section				
a. within the third degree?	YES NO					
b. within the fourth degree (for Local Government Unit - Care	YES NO					
		If YES, give details:				
35. a. Have you ever been found guilty of any administrative offe	ense?	☐ YES ☑ NO				
		If YES, give details:				
b. Have you been criminally charged before any court?		YES NO				
		If YES, give details:				
		Date Filed:				
	Control on sequiple of macecany	Status of Case/s:				
36. Have you ever been convicted of any crime or violation of ar	ny law, decree, ordinance or regulation by	☐ YES ☑ NO				
any court or tribunal?		If YES, give details:				
en representation from the amount for a complete community or constitution of the formation of the production of the second of t	BO RATA O ROBULDON					
37. Have you ever been separated from the service in any of the	e following modes: resignation,	✓ YES NO				
retirement, dropped from the rolls, dismissal, termination, en		If YES, give details:				
(abolition) in the public or private sector?	12/2/216 12/3/2018	FINISHED CONTRACTA Is 19(74.) [MA]				
38. a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	YES NO NO THE				
Barangay election)?	2 Manual 5/13/2016 5/13/2016	If YES, give details:				
b. Have you resigned from the government service during th		☐ YES ☑ NO				
election to promote/actively campaign for a national or local		If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	resident of another country?	YES V NO				
24 hrs. Technosi DSWD-NGR		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ana Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?		☐ YES ☑ NO				
		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:				
		II 120, please specify ID No.				
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
NAME	ADDRESS	TEL. NO.				
MA. ENCARNACION V. QUADRA	QUEZON CITY	09178830085				
MARIUVALO CANUEL						
MARILYN S. CANUEL	SAMPALOC, MANILA	09432024794				
42. 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	ent laws, rules and regulations of the	Republic of the				
Philippines. I authorize the agency head/authorized represe	ntative to verify/validate the contents stat	ed herein.				
agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ment and its attachments shall caus	se the filing of PHOTO				
aurilinisti ative/crittiiriai case/s against tile.		Statement of Control o				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		8 and Hospital 9				
PLEASE INDICATE ID Number and Date of Issuance	anon - Quona	SPC 22 Padminlon				
Government Issued ID: SSS						
ID/License/Passport No.: CRN-0111-4863951-0						
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Date/Place of Issuance: OCTOBER 27, 2015	Right Thumbmark					
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SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	ng his/her validly issued government ID as indicated above.				
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