CS Form No. 212 Revised 2017							and the same of th		
	PERSO	NAL DAT	A SH	IEE.					
concerned.	tation made in the Personal Data Sheet and					e/criminal case/s	against the p	регзол	
READ THE ATTACHED GUIDE	E TO FILLING OUT THE PERSONAL DATA SI IS () and use separate sheet if necessary, Indicate	HEET (PDS) BEFORE ACCOM	PLISHING THE	E PDS FOR	1. CS ID No.		(Do not fill up	For CSC use only)	
I. PERSONAL INFORMATI	to be the same and the same of the same and	e WATTAC Approache. Do Not 1	TO THE STATE OF TH		12.0010110		(Se not all op.	TO GOO GEC GRAY)	
2. SURNAME	DONAYRE						S. Wagar	the seconds	
FIRST NAME						NAME EXTENSION (J	R., SR)		
	GARY								
MIDDLE NAME 3. DATE OF BIRTH	BULAHAN								
(mm/dd/yyyy)	10/16/1999	16. CITIZENSHIP		₹ Fili	pino [Dual Citizenship by birth	by natura	lization	
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citize				Pls. indicate of	country:		
5. SEX	✓ Male ☐ Female	please Indicate the o	letails.					~	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	Ho	ouse/Block/Lot	No	PU	ROK LEMONSTI Street	ro	
	Widowed Separated Other/s:		F-HAZ				SAN VICENTE		
			Se	ubdivision/Villa ORMOC CITY			Barangay LEYTE		
7. HEIGHT (m)	1.63			City/Municipalit			Province		
8. WEIGHT (kg)	47	ZIP CODE				6541			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Но	ouse/Block/Lot i	No.		Street		
10. GSIS ID NO.			Sı	ubdivision/Villa	ge		Barangay		
11. PAG-IBIG ID NO.	121308554863			City/Municipality	y		Province		
12. PHILHEALTH NO.	13-252182646-4	ZIP CODE							
13. SSS NO.		19. TELEPHONE NO.		N/A					
14. TIN NO.	618-470-987	20. MOBILE NO.		09465307017					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		its	sgarydon	ayre@gmail.d	com		
II. FAMILY BACKGROUND			100		表面的数型		が存在が 内 音 性気候を 600		
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	IILDREN (Write	e full name and	l list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			N/A		1	N/A	
MIDDLE NAME	N/A						La de		
OCCUPATION	· N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	DONAYRE								
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) SR							
MIDDLE NAME	GORON								
5. MOTHER'S MAIDEN NAME									
SURNAME	BULAHAN		Depart L						
FIRST NAME	GLORIA	in the said and							
MIDDLE NAME	MARSON			(C	ontinue on sep	parate sheet if neces	sary)		
II. EDUCATIONAL BACKG	ROUND		1 1 19 19	The state of the s					
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)		PERIOD OF ATTENDA		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	ORMOC CITY CENTRAL SCHOOL	PRIMARY EDUCAT	ION	2008	2012	GRADUATE	2012	NONE	
SECONDARY	ORMOC CITY REGIONAL SPORTS ACADEMY	SPORTS TRACE		2016	2018	GRADUATE	2018	WITH HONOR	
VOCATIONAL / TRADE COURSE				N/A	N/A	N/A	N/A	N/A	

IV. CIVIL SERVICE ELIGIBILITY Z7. CAREER SERVICEI RA 1080 (BOARD) BAR) UNDER RATING		DATE OF		LICENSE (if applicable)					
BA	SPECIAL LAWS RANGAY ELIGIBILITY		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFE	RMENT	NUMBER	Date o
PD907-HONOR GRADUATE			N/A	N/A	N/A			N/A	N/A
LICENSURE EXAMINATION FOR TEACHERS		82.0	01/09/2023 TACL		BAN CITY		NA	N/A	
. WORK	EXPERIENCE	Start from your recent		nlinue on separate sheet if		Wak Feed	ile con about		
i. INCL	USIVE DATES Im/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY lo not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Formal "00-0") NCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
From	To Daylor Inchange	PART-TIME INS	TRUCTOR	INSTITUTE OF	HUMAN KINETICS	15000.00	NCREMENT	CONTRACTUA	Y
2/20/2023	02/01/2023	PART-TIME INS			HUMAN KINETICS	15,000	NA NA	L CONTRACTUA	Y
8/16/2023	12/21/23	PART-TIME INS			HUMAN KINETICS	15000.00	NA NA	OFFICE ORDER	Y
			(Con	tinue on separate sheet if r	iecessary)				



VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMEN	T/PEOPLE/	VOLUNTARY	ORGANIZATI	ON/S				
29 NAME & ADDRESS OF (Write in fi			VE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK			
EVSU DANCE TROUPE/ALUGYAW DANCE COMPANY			07/23/2022	N/A		ASSISTANT TEAM CAPTAIN			
ORMOC SAYAW KOMUNIDAD			PRESENT	N/A		LIAISON OFFICER			
STUDENT-TEACHER ASSOCIATION			07/22/2022	N/A		BPEd F	RPRESENTATIVE		
		NOTHING F	OLLOWS						
	(Con	tinue on separate	sheet if necessary	0					
VII. LEARNING AND DEVELOPMENT (L&L (Start from the most recent L&D/training program and incl				hief/Executive/Mar	agerial positions)				
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)			
ORMOC CITY TRAINING WORKSHOP AND DANCE E	XCHANGE OF THE ORMOC CITY	From	То			SCHOOL	S DIVISION OFFICE OF ORMOC		
LOCALIZED FOLK DANCES BASIC RESERVE OFFICERS TRAINING CORPS (ROT	C) COMPONENT OF THE NATIONAL	05/23/2022	05/23/2022	56	TECHNICAL		CITY N VISAYAS STATE UNIVERSITY-		
SERVICE TRAINING PROGRAM		2018	2019	80	FOUNDATION	All receive	ORMOC CAMPUS		
ANTI-SEXUAL HARASSMENT ACT WEBINAR		03/31/2022	03/31/2022	5	TECHNICAL	EASTERN VISAYAS STATE UNIVERSITY - ORMOC CAMPUS EASTERN VISAYAS STATE UNIVERSITY -			
JOB CAREER PREPARATION WEBINAR		28/03/2022	28/03/2022	5	TECHNICAL	ORMOC CAMPUS EASTERN VISAYAS STATE UNIVERSITY - ORMOC			
SAFE SPACES ACT&ANTI-SEXUAL HARASSMENT L	AW WEBINAR	05/052021	04/05/2022	4	TECHNICAL	CAMPUS EASTERN VISAYAS STATE UNIVERSITY - ORMOC			
ANNUAL STUDENT TEACHERS' CONVENTION		26/03/2022	26/03/2022	5	TECHNICAL	CAMPUS EASTERN VISAYAS STATE UNIVERSITY - ORMOO			
PRE-DEPLOYMENT SEMINAR FOR PRE-SERVICE TE		31/03/2022	31/03/2022	5	TECHNICAL	CAMPUS EASTERN VISAYAS STATE UNIVERSITY-ORMO			
PRE-DEPLOYMENT SEMINAR FOR PRE-SERVICE TE	ACHER	31/03/2022	31/03/2022	5	TECHNICAL	CAMPUS			
DISASTER PREPAREDNESS SEMINAR		07/03/2022	27/03/2022	5	TECHNICAL		NDRRMC		
NOTHING FOLLOWS				Libera E					
						Water and			
rate sheet if necessary)									
VIII						ERSHI			
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DISTI	NCTIONS / RECOG	NITION		33.			
CHOREOGRAPHER	J2.			33.	N/A				
DANCING	CULTURE AND THE ARTS				ALUGYAW DANCE COMPANY				
OFFICIATING BADMINTON	AWARDEE								
PLAYING BADMINTON				N/A N/A					
LEADERSHIP AND TIME MANAGEMENT				N/A N/A			N/A		
INTERPERSONAL			N/A				N/A N/A		
COMMUNICATION			N/A			N/A			
COMMONIONION ION		NIF				(1000)	IVA		
rate sheet if necessary)									
SIGNATURE				DA	ITE				

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chief of bureau or office or to the person who has immedia Bureau or Department where you will be appointed,						
a. within the third degree?		☐ YES ☐	NO NO			
b. within the fourth degree (for Local Government Unit - Ca	- Size State and the Size State and	NO NO				
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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, out (abolition) 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 el Barangay election)?	☐ YES If YES, give details	☑ NO				
b. Have you resigned from the government service during election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:					
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:					
Are you a person with disability?	☐ YES ☑ NO 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 affinity to applicant	nt /appointee)					
	ADDRESS	TEL. NO.				
ANA BETH VARRON	ORMOC CITY	9989824823				
ARIEL C. MORILLA	TABANGO LEYTE	9187377075	J= = b			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation of pertiperation of pertiperation of pertiperation. I authorize the agency head/authorized replacement of the provision of pertiperation of pertiperation of the pertiperation o	nent laws, rules and regulations of the presentative to verify/validate the content	Republic of the s stated herein.				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: NATIONAL ID						
ID/License/Passport No.: 5792-6859-1630-6236	ox)					
Date/Place of Issuance: ORMOC CITY		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued g	government ID as indicated above.			
	Person Administering Oa	th	CS FORM 212 (Ravisart 2017). Page 4 of A			

