CS Form No. 212 Revised 2017	PI	ERSO	NAL DATA	SH	IEE	T	ngen state of see Free free state			
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERS	SONAL DATA SH	e Work Experience Sheet shall IEET (PDS) BEFORE ACCOMPI	LISHING TI		DR <u>M.</u>				
Print legibly. Tick eppropriate boxe  I. PERSONAL INFORMATION		necessary. Indicate	N/A if not applicable. DO NOT ABI	BREVIATE.		1. CS ID No		(Do not fill up.	For CSC use only	
2 SURNAME	NOVE			T.						
FIRST NAME	BERNADETH	A STATE OF THE PARTY OF				+	NAME EXTENSION (JE	, SR)		
MIDDLE NAME	NEDIA			+		+				
DATE OF BIRTH (mm/dd/yyyy)	3/11/1999		16 CITIZENSHIP	414/10-00	Filipino Dual Citizenship			dization		
4. PLACE OF BIRTH	ABUYOG LE		If holder of dual citizensh		Pls. indicate country:					
5. SEX	Male	Female	please indicate the detain	S. Shaqirees care						
6 CIVIL STATUS	✓ Single  Widowed  Other/s:	Married Separated	17. RESIDENTIAL ADDRESS	1	N/A IDE/Elock/Lo N/A h/faising/Vill			ARRAGONA ST Street ACION DISTRIK Barangay		
7. HEIGHT (m)	1.51	13%	attinist eliminist a walking		Subdivision/Village MACARTHUR			LEYTE		
8 WEIGHT (kg)	60	-	ZIP CODE	C	ity/Municipal	ity	6509	Province		
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS	-	N/A	45.60	T.	ARRAGONA ST		
10. GSIS ID NO.		<u> </u>		Ноц	use/Block/Lot No. Street  N/A POBLACION DISTRIC			T 1		
	N/A ·			Su	Subdivision/Village  MACARTHUR			Barangay LEYTE		
11. PAG-IBIG ID NO.	N/A			С	ity/Municipal			Province		
12. PHILHEALTH NO.	13-252326829-9		ZIP CODE		6509	6509				
13. SSS NO.	N/A		19. TELEPHONE NO.				N/A			
14. TIN NO.	N/A		20. MOBILE NO.		09356204226					
15 AGENCY EMPLOYEE NO	N/A		21. E-MAIL ADDRESS (if any)		novebrndth19@gmail.com					
II. FAMILY BACKGROUNE				-K-200	and the same of					
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A		NAME EXTENSION (JR., SR)	. NAME of Ch	CHILDREN (Write full name and list all)  DATE OF BIRTH (mm/dd/yyy)					
OCCUPATION										
EMPLOYER/BUSINESS NAME					P-1-1-1					
BUSINESS ADDRESS										
TELEPHONE NO				4						
24. FATHER'S SURNAME		NOVE						1		
FIRST NAME	BIENVENIDO		NAME EXTENSION (JR., SR)					Control of the Contro		
MIDDLE NAME		GABRITO								
25. MOTHER'S MAIDEN NAME		I was								
SURNAME		NEDIA					1 - 2 - 1 - 1			
FIRST NAME		NILDA								
MIDDLE NAME		ACALA			(Continue on separate sheet if n			cessaryj		
III. EDUCATIONAL BACKO	GROUND						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
26. LEVEL	NAME OF SCH (Write in full		BASIC EDUCATION/DEGREE/( (Write in full)	COURSE	PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	MACARTHUR CENTRAL SCHOOL		PRIMARY		2005	2012	ELEMENTARY	2012	NA	
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL		SECONDARY		2012	2016	HIGH SCHOOL	2016	WITH HONORS	
VOCATIONAL / TRADE COURSE	N/A		N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY		BACHELOR OF SCIENCE IN OFFICE ADMINISTRATION		2019	2023	GRADUATED	2023	ACADEMIC ACHIEVER	
GRADUATE STUDIES	NA		N/A		N/A	N/A	N/A	N/A	NA	
SIGNATURE	much	1 17	Continue on separate sheet if necess.			DATE	FORRUA	24 6,20	784	

Mary and a second	VIL SERVICE ELIGIBI		The second second					TIOCHIOC EL	
27.	CAREER SERVICE/ RA 1080 SPECIAL LAWS/	CES/CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if	applicable)  Date of
	BARANGAY ELIGIBILITY	/ DRIVER'S LICENSE	(u Myhasana)	CONFERMENT	LEVIE MATIONAL III	11 0011001	47111 5710	NUMBER	Validity
	CIVIL SERVICE PRO	FESSIONAL	86.09	8/20/2023	LEYTE NATIONAL HIC ROAD, TAC	LOBAN CIT	Y		11/3/2023
1	<del>27</del> 2 m - 17	basania	ASSESSED AND SOME			Anne de la company	Alle and the	America Sul-	
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V WO	RK EXPERIENCE		(Co	ntinua on separata shee	t If necessary)				
		Start from your recen	ıt work) Descriptio	on of duties should	be indicated in the attach	ed Work Ex	perience sheet		
5 mg - 15	INCLUSIVE DATES	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (il applicable)& STEP	STATUS OF	GOVT
Part I	(mm/dd/yyyy)	(Write in full/Do not			I/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0") HCFEMENT	APPOINTMENT	SERVICE (Y/N)
From		N/A			N/A	N/A	N/A	N/A	
NIA	N/A	N/A		TITE	NA	NA	NVA	NA	N/A
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			(Co)	ntinue on separate sheet	If necessary)				
s	IGNATURE .	(Bosel)		and the second second	DATE	FEBRUA	RY 6, 20:	24	ANTIC

VI. VOL	UNTARY WORK OR INVOLVEMEN	NT IN CIVIC / NON-GOVERNMEN	T/PEOPLE/\	VOLUNTARY	ORGANIZATIO	vs	
29.	NAME & ADDRESS O (Write in			SIVE DATES Nddyyyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A			N/A	N/A	N/A	N/A	erd was a solution of the major
		- 100 AV 120 100 H 1		*********			
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to the same		TRANSPORTED TO					
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Vil. LE	ARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING P	and the same of th	TTENDED VE DATES OF	and the second	Type of LD	Sometimes of the state of the s
30.	TITLE OF LEARNING AND DEVELOPMENT I	INTERVENTIONS/TRAINING PROGRAMS In full)	ATTE	ENDANCE Vdd/yyyy)	NUMBER OF HOURS	(Managenal/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
			From	То		Technical/etc)	And the state of t
N/A		a mar sett	N/A	N/A	N/A	N/A	N/A
			History				
	The Real Property Lies		-	+			
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		Like Street, and an inches					
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+		A CONTRACTOR OF THE STATE OF TH		E T	100		
4		(Co	onlinue on separate	e sheet if necessa	ny)	PERCHASIN	
VIII. OT	HER INFORMATION		ON-ACADEMIC DIST	THOTIONS I DECO			MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31.	SPECIAL Sand HOBBIES	32. NO		ite in full)	GNITION		33. (Write in full)
	COMPUTER LITERACY		) N	Α			N/A A MA
14	COMMUNICATION			-			Control of Control
	TEAMWOOD	k. d.	gr. 1 - ph. c. at	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>1000   1</del>	Directors	16 Ap. (4.5 % State) 12 (28)
Anna	ORGANIZATION		North The	- 100,000,000	Control Control	NAME OF THE OWNER, OWNE	To a few and the second of the second
4-	DATA MANAGEMENT		and the same				
	DATA ANALYSIS SINGING			-		-	
1	SINGING	(C	ontinue on separat	e sheet if necess	ary)		
	SIGNATURE	prose	Violet Sage 5	SE T	D	ATE	CS FORM 212 (Revised 2017). Page 3 of 4

	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate so		The second of the	erny mentyddy tamiem te sajorenca			
	Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Caree	or Employage(2	☐ YES	☑ NO			
	D. Within the fourth degree (for Local Government drift - Garee	if Employees) r	If YES, give del	and the second s			
		II I LO, givo do.	talls.				
35.	a. Have you ever been found guilty of any administrative offen	nse?	YES	☑ NO			
	All the last	Miller State State of	If YES, give del				
				The state of the s			
			□ vre	✓ NO			
	b. Have you been criminally charged before any court?		YES If YES, give del				
		aparte de la	Date File				
		and the second s	Status of Case				
36.	Have you ever been convicted of any crime or violation of any	v law, decree, ordinance or regulation by	YES	☑ NO			
	any court or tribunal?		If YES, give del	The state of the s			
		W 300	11 1 201 3	tones			
37.	Have you ever been separated from the service in any of the	following modes: resignation, retirement	☐ YES				
	dropped from the rolls, dismissal, termination, end of term, fini		YES If YES, give del	✓ NO tails:			
	the public or private sector?						
38.	a. Have you ever been a candidate in a national or local election	ion held within the last year (except	YES	✓ NO			
	Barangay election)?		If YES, give details:				
	b. Have you resigned from the government service during the	three (3)-month period before the last	☐ YES ☑ NO				
	election to promote/actively campaign for a national or local ca		If YES, give d	and the same of th			
39.	Have you acquired the status of an immigrant or permanent re	esident of another country?	☐ YES ☑ NO				
			If YES, give details (country):				
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a		_	_			
8.	Are you a member of any indigenous group?	!	YES If YES, please spe	ecify:			
b.	Are you a person with disability?	1	☐ YES ☑ NO				
	State of Sta	1	If YES, please spe				
C.	Are you a solo parent?	4	☐ YES	√ NO			
	And the second second second second second		If YES, please spe	ecify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant h	(appointee)					
	NAME	ADDRESS	TEL. NO.				
	JAY BANSALE	MACARTHUR, LEYTE	9489762630				
T	JILDON MARC B. REYES	CALUBIAN, LEYTE	9976801569				
1	RENO P. CAIMOY	DULAG, LEYTE	9945005747				
40							
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine	only personal Data Street which is a un	Republic of the	A Company of the Comp			
	Philippines. I authorize the agency head/authorized represer	intative to verify/validate the contents state	ed herein.	BERNADETH N. NOVE			
	agree that any misrepresentation made in this docum	ment and its attachments shall cause	the filing of	PHOTO			
	administrative/criminal case/s against me.						
75							
	Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance	, 11					
-	Sovernment Issued ID: PHILHEALTH	Homes					
-		11 1		J. Marie			
10	O/License/Passport No.: 13-252326829-9	ox)					
D	ate/Place of Issuance. TACLOBAN CITY	POSKVARY 6, 20: Date Accomplished	24	Right Thumbmark			
1							
17	SUBSCRIBED AND SWORN to before me this	, amant exhibit	iting his/her validity is	ssued government ID as indicated above.			
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