FULLY ACCOMPLISHED PDS

CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE.	Г				
concerned.	tion made in the Personal Data Sheet and t					e/criminal case/s	against the p	person	
	TO FILLING OUT THE PERSONAL DATA SI) and use separate sheet if necessary Indicat				1 CS ID No	I	(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	N								
2 SURNAME	MALACA								
FIRST NAME	ISRAEL GILVANI					NAME EXTENSION (JF	L, SR)		
MIDDLE NAME	DECENA								
DATE OF BIRTH (mm/dd/yyyy)	8/29/1997	16. CITIZENSHIP	☑ Filipino			Dual Citizenship □ by birth □ by naturalization			
4. PLACE OF BIRTH	MUNTINLUPA CITY	If holder of dual citize	inship,			Pls. indicate country:			
5. SEX	☑ Male ☐ Female	please indicate the d	letails.						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	N/A se/Block/Lot N	0		N/A Street IUDBORON		
	Other/s:			N/A bdivision/Village		N	Barangay		
7. HEIGHT (m)	1.68 m			ANGALANO	3		Province Province		
8. WEIGHT (kg)	75 kgs	ZIP CODE				6517			
9 BLOOD TYPE	0+	18. PERMANENT ADDRESS		N/A			N/A		
10. GSIS ID NO.	N/A	-	Hou	rse/Block/Lot No N/A	,	M	Street UDBORON		
11. PAG-IBIG ID NO.		-		bdivision/Village		Barangay LEYTE			
11. PAG-IBIG ID NO.	1212-4833-7778	1		ANGALANG ityMunicipality			Province		
12 PHILHEALTH NO.	01-251859548-0	ZIP CODE				6517			
13. SSS NO.	34-8628581-5	19. TELEPHONE NO.			N/A				
14. TIN NO.	709-177-597	20. MOBILE NO.		09169825718					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		is	raelmala	ca@gmail.co	<u>m</u>		
II. FAMILY BACKGROUND			The same of the sa	1000		San Bar			
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	LDREN (Write full name and list all) DATE OF			DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		ı	N/A N/A			Ά	
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24 FATHER'S SURNAME	MALACA								
FIRST NAME	ISAGANI	NAME EXTENSION (JR., SR)							
MIDDLE NAME	RINO	1							
25. MOTHER'S MAIDEN NAME	ROSALIND MIRALLES DE	ECENA							
SURNAME	MALACA								
FIRST NAME	ROSALIND								
MIDDLE NAME	DECENA			(Continue on separate sheet if necessary)					
II. EDUCATIONAL BACKGR							Page 1		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	MUDBORON ELEMENTARY SCHOOL	BASIC EDUCATION	DN	2003	2009	GRADUATED	2009	DESERVING PUPIL	
SECONDARY	HOLY TRINITY COLLEGE	BASIC EDUCATION	ON	2009	2013	GRADUATED	2013	SCHOLAR	
VOCATIONAL / TRADE COURSE	INNOVATE ICT SYSTEMS	COMPUTER SYSTEMS SEF	VICING NCII	2017	2017	GRADUATED	2017	SCHOLAR	
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SCIENCE	N BIOLOGY	2013	2017	GRADUATED	2017	CHED ASSISTANCE	
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	MASTER OF ARTS IN EDUCAT SCIENCE EDUCAT	ION	2019	PRESENT	27 UNITS EARNED	N/A	NIA	
	July 1	ontinue on separate sheet if nec	essary)				11		
SIGNATURE	470	Mean .		DA	TE		28/202 FORM 212 (Remain		

		080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if as	opticable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)			ATION / CONFERMENT		NUMBER	Date of Validity	
CAREER SERVICE (PROFESSIONAL) 80.3			80.37	3/17/2019	TACLO		N/A	N/A	
LICEN	SED PROFESS	IONAL TEACHER	86.00	9/30/2018	TACLO	BAN CITY		1678413	8/29/202
			(Co	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employmen	nt. Start from your recer	t work) Descriptio	n of duties should b	e Indicated in the attach	ed Work Exp			
INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in fulf/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY OPADE (# applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVIC (Y/ N)		
9/27/2017	12/31/2018	PUBLIC HEALTH	ASSOCIATE	The state of the s	ENT OF HEALTH	P22,149	10	CONTRACTUAL	Y
7/15/2019	6/30/2021	TEACH	ER		GELICUM LEARNING ENTER	P11,500	N/A	CONTRACTUAL	N
letter at	Profession and				4				
					,				
				-					
		3					-		
									-
			ALDS ICO	ntinue on separate shee			(0	lage	
SIGNA	IURE	7	may -		DATE			5 /202 S FORM 212 (Revised)	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	PEOPLE / V	OLUNTARY O	ORGANIZATIO	N/S	
29. NAME & ADDRESS OF O (Write in full		INCLUSIV (mm/di From		NUMBER OF HOURS		POSITION / NATURE OF WORK
NIA		N/A	N/A	N/A		N/A
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	inue on separate s	theet if necessary			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (WHI in Mr)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
PHILHEALTH ORIENTATION ON ICLIN		9/13/2018	9/14/2018	12 HOURS	TECHNICAL	PHILIPPINE HEALTH INSURANCE CORPORATION
CONDUCT OF USER'S TRAINING ON MOBILE AP PROFILING AND NATIONAL HEALTH	FACILITY REGISTRY	7/10/2018	7/11/2018	12 HOURS	TECHNICAL	DEPARTMENT OF HEALTH - REGIONAL OFFICE VIII
DATA COLLECTION PROCEDURES TO EVALUATE PERFORMANCES OF BARANGA	ATE MATERNAL CARE SERVICE LYS IN REGION VIII	5/2/2018	•	4 HOURS	TECHNICAL	DEPARTMENT OF HEALTH - REGIONAL OFFICE VIII
BASIC TRAINING FOR BARANGAY ORIENTATION ON THE COLLECTION OF THE 201		2/14/2018	2/15/2018	12 HOURS	TECHNICAL	LOCAL GOVERNMENT UNIT - STA. FE
REGION VIII - EASTERN	VISAYAS	10/10/2017	10/11/2017	12 HOURS	TECHNICAL	DEPARTMENT OF HEALTH - REGIONAL OFFICE VIII
	Y _p					
	(Cont	nue on separate s	heet if necessary		25.00 0.0000	and the second
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Witte in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	NA					N/A
RESEARCH-ORIENTED						
COMMUNICATION						
TEAMWORK						
PROBLEM SOLVING						
A 21 15 14 14	Cont	nue on separate s	heet if necessary	471 - 471 - 4		The state of the s
SIGNATURE	1/14	9		1115	TE.	6 28 70 U CS FORM 212 (Revised 2017), Page 3 of 2

	a. within the third degree?		☐ YES ☑ NO	
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO If YES, give details:	
35	a. Have you ever been found guilty of any administrative offer	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 all 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, er out (abolition) in the public or private sector?	YES INO If YES, give details:		
38.	A. Have you ever been a candidate in a national or local elementary election)?	☐ YES ☑ NO If YES, give details:		
	b. Have you resigned from the government service during the 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 permanent	t resident of another country?	YES NO If YES, give details (country):	
b. c.	Are you a solo parent? Are you a solo parent?	If YES, please specify ID No: YES NO If YES, please specify ID No: If YES, please specify ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant NAME	ADDRESS	TEL. NO.	•
H	MYRA A. ABAYON, PhD	TACLOBAN CITY	0998-462-4912	=
Г	MARICEL A. GOMEZ, PhD	TACLOBAN CITY	0927-395-0361	
Г	JOSEFINA CABRIGAS, PhD	TACLOBAN CITY	0917-105-5886	
42	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docuadministrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	s stated herein.	
P. G	Covernment Issued ID (i.e Passport GSIS, SSS, PRC, Drive's Leanue, etc.) PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID. TIN ID 10 June 10 Passport No. 709-177-597			
Ιŀ	hate/Place of Issuance 09/29/2017 - PALO, LEYTE	Signature (Sign inside the t	Right Thu	
	SUBSCRIBED AND SWORN to before me this Doc. No. 200 Page No. 43 Book No. 14 Series of 201	ATT JO VAIVA A. DAMAY For flytig an Altry and Province of Ley Notation Conf. A. 120 2021-01-1 Boil of A trans-	72 76 0	dicated abo