CS Form No. 212								
Revised 2017	PERSON	NAL DAT	A SH	EET				
concerned.	ation made in the Personal Data Sheet and the					iminal case/s ag	ainst the per	son
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOM	PLISHING THE	E PDS FORM	I. CS ID No.		(Do not fill up. Fo	r CSC use only)
I. PERSONAL INFORMATIO		THE THE TAP SHEEDING.						• •
2. SURNAME	YU			Fillip				
FIRST NAME	CLIMT				N	IAME EXTENSION (JR.,	SR)	
MIDDLE NAME	MIATELA			-				
DATE OF BIRTH (mm/dd/yyyy)	Morch 25,1998	16. CITIZENSHIP		Filipir	10	Dual Citizenship		
4. PLACE OF BIRTH	Alangalang, LEVIE	If holder of dual citizer	nship,	by birth by naturalization by naturalization by line by birth by naturalization by naturalization by birth by naturalization by birth by naturalization by birth by naturalization by birth by naturalization by n				ration
5. SEX	Male Female	please indicate the de	etails.					
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		Sock/Lot No		Binon	Street	
7. HEIGHT (m)		100		bdlvision/Village			gtoan Brangay Leyte	
	1.63		C	GOL QV ity Municipality	9		Province	
8. WEIGHT (kg)	80	ZIP CODE	-		1.			
9. BLOOD TYPE	8+	18. PERMANENT ADDRESS	Sitio Danol House/Block/Lot No. Street			Street		
10. GSIS ID NO.	M/A		Su	bdivision/Village		Binor	Barangay	
11. PAG-IBIG ID NO.	NIA		Plano	galano Hy/Municipality	3	le	1 te Province	
12. PHILHEALTH NO.	NIA	ZIP CODE	0	пуличинстранцу_			Province	
13. SSS NO.		19. TELEPHONE NO.						
14. TIN NO.	N/A							
4. IIN NO.	4/2	20. MOBILE NO.	09460100171					
15. AGENCY EMPLOYEE NO.	MIA	21. E-MAIL ADDRESS (if any)	clint-	14.030	520 gn	nail. com		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	IILDREN (Write	full name and l	ist all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	N/A			X	/A			
MIDDLE NAME	N/A							
OCCUPATION	MIA							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	MA							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	70	NAME EXTENSION (JR., SR)						
FIRST NAME	RUEL	NAME EXTENSION (JR., SN)						
MIDDLE NAME	Montolo							
25. MOTHER'S MAIDEN NAME								
SURNAME	Matela							
FIRST NAME	Analiza							
MIDDLE NAME	Arias			(C	ontinue on sep	parate sheet if neces	sary)	
II. EDUCATIONAL BACKO	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	Alang2x I Central Cabangan high School	Elementar	7	2004	2010		2010	Mone
SECONDARY	Cabangan high school	secondary		2010	2014		2014	5th Honor
VOCATIONAL / TRADE COURSE								
COLLEGE	Daraga Community	DS Educat	tion	2014	2020		2020	cum
GRADUATE STUDIES							22	
PERCENT OF THE PERCEN		Continue on separate sheet if ne	cessary)			THE PAR		
SIGNATURE	0/11.			Di	ATE	04 -	14 -21	
	4/1					CS	FORM 212 (Revise	ed 2017), Page 1 o

IV. CIVIL SERVICE ELIG			DATE OF				LICENSE (if a	applicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
PRECIdential Decree No. 907, Honor braduate				PAWIS, LEGALPI CITY			2	
40.907, Hono	or braduate			FZSONS 1 CCO.	AUT -		2	
					7 Te	1110		
				A Partie				
				775	hants.	5.0.4		
Want Transfer		(Co	ntinue on separate shee	t if necessary)				
V. WORK EXPERIENCE (Include private employme		t work) Descriptio	n of duties should	be indicated in the attach	ed Work Exp	perience sheet		
28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION T	TILE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT SERVICE
From To	(Write in full/Do not	abbreviate)	(Write in full/Do not abbreviate) SALARY			applicable)& STEP (Format *00-0*)/ INCREMENT	APPOINTMENT	(Y/N)
	PRACTICE T	E ACHER						
	PRACTICE T	46				***		
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SIGNATURE		(Cor	ntinue on separate shee		of the same			41240 F 24.89
SIGNATURE				DATE		00	FORM 212 (Revised 20	

I. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY	ORGANIZATI	ON/S		
NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
		From	To				
			YE - AVE	AVAIL OF			
	ATT WILL BE						
NONT							
	THE TOTAL						
THE LEADURED AND DESIGNATION OF A PARTY	(Con	tinue on separate s	heet If necessary)			
VII. LEARNING AND DEVELOPMENT (L&D) IN Start from the most recent L&D/training program and include	ITERVENTIONS/TRAINING P	ROGRAMS A	TTENDED	hiof/Exacutive/Ma	namedal socials and		
	Control of the Contro		DATES OF	Indi/Executive/mai	Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTERV (Write in full) 	ENTIONS/TRAINING PROGRAMS		ATTENDANCE (mm/dd/yyyy)		(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
			То			(Mile II Mil)	
Guide to identify	and helping	2018	2018			Villagl	
Guide to identify a with learning Disc	abilities	2018	2010	0.00	The same shall	41001	
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	office formation of			AH IFTE	100		
VIII OTHER INFORMATION	(Cc	ontinue on separate	sheet if necessar	ry)			
VIII. OTHER INFORMATION	Constitution of the State of th						
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST	INCTIONS / RECC ite in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Leaderchip	1st placer	in D	tuletic	cs		asc officer	
teamworking					CSG OPPICED		
problem-cowing						Cups Officer	
Communication						00000	
Hiking			1				
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	(6	ontinue on separat	e sheet if necess	ary)			
SIGNATURE		3 charat	- anvert in necessit	7,000	DATE		
A Tay of the Control						CS FORM 212 (Revised 2017), Page 3 of	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	YES NO YES NO If YES, give details:						
35. a. Have you ever been found guilty of any administrative offe	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 an 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, end out (abolition) in the public or private sector?	following modes: resignation, d of term, finished contract or phased	YES NO If YES, give details:					
a. Have you ever been a candidate in a national or local election Barangay election)? b. Have you resigned from the government service during the	☐ YES ☐ NO If YES, give details: ☐ YES ☐ NO						
election to promote/actively campaign for a national or local 39. Have you acquired the status of an immigrant or permanent	If YES, give details: NO If YES, give details (country):						
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	If YES	out mitsout					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
NAME	ADDRESS	TEL. NO.					
MR. Jenome Morada	Tagas Daraga Albay	09163793077	(3.5)				
Me. Bernard Pacardo	Legazpi City	09/45228241					
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: // A ID/License/Passport No.: // /A Date/Place of Issuance: // /A	iox)	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued governme	nt ID as indicated above.				
	th						