CS Form No. 212
Revised 2017
WARNING: Any misro
READ THE ATTACHE Print legibly. Tick approp
I PERSONAL INFO

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.										
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	and use separate shee				PDS FOR	1 GS ID No		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATIO				A Harris						
2. SURNAME MILLAN			Live Sales and A					R SEL		
FIRST NAME	REGIE FAITH NAME EXTENSION (JR., SR)						n., on)			
MIDDLE NAME	AMONCIO									
3 DATE OF BIRTH (mm/dd/yyyy)	10/29/1997		16. CITIZENSHIP	CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birtt☐ by			y naturalization	
4. PLACE OF BIRTH	SOGOD, SOUTHERN LEYTE If holder of dual citizenship, Ple. indicate of				ountry:					
5. SEX	☐ Male	☑ Female	please indicate the d	etails.				ale allega e para e e e e e e e e e e e e e e e e e e		
6 CIVIL STATUS	☐ Single ☐ Widowed	✓ Married ☐ Separated	17 RESIDENTIAL ADDRESS		ise/Block/Lot N			Street LIBERTY		
	Other/s:		1		bdivision/Villag			Barangay	CONTRACTOR CONTRACTOR	
7. HEIGHT (m)	1.5	57				HILONGOS ity/Municipality		LEYTE Province		
8, WEIGHT (kg)	5	0	ZIP CODE				6505			
9. BLOOD TYPE	c)	18. PERMANENT ADDRESS	Hou	se/Block/Lot N	o		Street		
10. GSIS ID NO.	N/	A	*	PURC	OK COMMERC	IAL	PUNONG			
11. PAG-IBIG ID NO.	N/	A	1		Subdivision/Village TOMAS OPPUS City/Municipality		Barangay SOUTHERN LEYTE Province			
12. PHILHEALTH NO.	13-251752670-7		ZIP CODE		, ymencipality		6605			
13. SSS NO.	N/A		19. TELEPHONE NO.		N/A					
14, TIN NO.	760-449-178-00000		20. MOBILE NO.		09472932859					
15. AGENCY EMPLOYEE NO.	159		21. E-MAIL ADDRESS (if any)		amoncioregiefaith@gmail.com					
II. FAMILY BACKGROUND			The state of the state of							
22. SPOUSE'S SURNAME		MILLAN	NAME EXTENSION (JR , SR)	23. NAME of CH	ILDREN (Write	e full name and	l list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	BRADLEY		NAME EXTENSION (JR , SK)		BREIGH A MILLAN			12/13/2023		
MIDDLE NAME	ALTURA									
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS		N/A								
TELEPHONE NO.		N/A								
24. FATHER'S SURNAME	AMONCIO		•							
FIRST NAME	ROGELIO		NAME EXTENSION (JR., SR) JR							
MIDDLE NAME	MIDDLE NAME BALAGAO									
25. MOTHER'S MAIDEN NAME										
SURNAME		POLO								
FIRST NAME		ZERAH FLOR								
MIDDLE NAME AMPATIN				(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGE	ROUND									
26. LEVEL	NAME OF 9 (Write in		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	SOGOD SPE	D CENTER	N/A		2004	2010	N/A	2010	N/A	
SECONDARY SOGOD NATIONAL HIGH SCHOOL		SPECIAL SCIENCE CLASS (S & T)		2010	2014	N/A	2014	N/A		
VOCATIONAL / TRADE COURSE	N/A		NA		N/A	N/A	N/A	N/A	N/A	
COLLEGE	SOUTHERN LEYTE S	TATE UNIVERSITY	BS CIVIL ENGINEERING		2014	2019	N/A	2019	N/A	
GRADUATE STUDIES	EASTERN VISAYAS S	TATE UNIVERSITY	MEP CIVIL ENGINEERING		2021	PRESENT	21 UNITS	N/A	N/A	
		(C	ontinue on separate sheet if nece	essary)						
SIGNATURE					DA	TE	NO	VEMBER 29, 202	4	

V. CIVIL SE	RVICE ELIGIE	BILITY							
7. CAREER	R SERVICE/ RA 10 SPECIAL LAW	80 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINAT	TION / CONFER	MENT	LICENSE (if ap	Date of
	ANGAY ELIGIBILIT	Y / DRIVER'S LICENSE	(If Applicable)	CONFERMENT NOVEMBER 9-10,				NUMBER 0173752	Validity
CIVIL ENGINEERING LICENSURE EXAMINATION		75.9%	2019		VERSITY OF CEBU - BANILAD CAM CEBU			10/29/2025	

		, , , , , , , , , , , , , , , , , , ,							
			(Co	ntinue on separate shee	if necessary)				
	XPERIENCE ate employmer		nt work) Description	on of duties should	be indicated in the attach	ed Work Exp		L	
	ISIVE DATES	POSITION	TITLE	DEPARTMENT / AG	ENCY/OFFICE/COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOVT SERVICE
From	To	(Write in full/Do no			II/Do not abbreviate)	SALARY	(Format *00-0")/ INCREMENT	APPOINTMENT	(Y/N)
8/21/2020	12/13/2024	PART-TIME INS	STRUCTOR	SOUTHERN LEY	TE STATE UNIVERISTY	270/HR	N/A	PART-TIMER	Y
	-								
				-			-		-
				-					
							ļ		
								100	0 4 a
	1								
	 					†	1	1	
	-	-		-		+	+	 	
	-			-		+	+	+	111
	-			-		+	-	+	
				-		+		-	2.4
				-					3 4 6
							-		1.1.1
						-			
			November 1	t.					
		T		onlinue on separate sh		T			
SIGN	IATURE				DATE		NOVE	MBER 29, 2024 CS FORM 212 (Revise	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF ORK (Write in full)		INCLUSIO	E DATES	NUMBER OF HOURS				
N/A I			N/A	N/A	N/A			
						*		
		-						
	Con	finue on separate	sheet if necessary					
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include	INTERVENTIONS/TRAINING P	ROGRAMS A	TTENDED		nagerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
PICE 50TH NATIONAL CONVENTION AND T	ECHNICAL CONFERENCE	10/29/2024	10/31/2024	15.0	TECHNICAL	PHILIPPINE INSTITUTE OF CIVIL ENGINEERS		
CONSTRUCTION PROJECT QUALITY ASSURAN	CE & CONTROL MANAGEMENT	06/21/2024	06/21/2024	4.0	TECHNICAL	MSTCONNECT		
PICE 17TH NCR TECHNICAL C	ONFERENCE	10/06/2022	10/07/2022	12.0	TECHNICAL	PHILIPPINE INSTITUTE OF CIVIL ENGINEERS		
DEMONSTRATION & TRAINING OF GUNT	HAMBURG EXUIPMENTS	03/31/2022	03/31/2022	8.0	TECHNICAL	SOUTHERN LEYTE STATE UNIVERSITY		
ORIENTATION ON ASEAN ENGINEERING RE	GISTRY (AER) APPICATION	11/25/2020	11/25/2020	4.0	TECHNICAL	SOUTHERN LEYTE STATE UNIVERSITY		
		-						
		ļ						
		-	-					
		-						
		-	-	-				
			-					
						or Assist All III		
			-	-				
<u> </u>		-	<u> </u>		-			
		 	-	-				
		 	 	 				
		†			 			
			 		 			
LINE AT ICO DECEMBER	(Co	ntinue on separate	sheet if necessary	*				
VIII. OTHER INFORMATION	T	ACADEMIC DIST	NOTIONS (PEGG	NATION OF THE PARTY OF THE PART				
31 SPECIAL SKILLS and HOBBIES KNOWLEDGABLE IN AUTOCAD & SKETCHUP	32 NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			SMITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
			<u> </u>		PHILIPPINE INSTITUTE OF CIVIL ENGINEERS			
COMPUTER LITERATE PLAYING CHESS								
	***************************************	***************************************						
READING NOVELS, MANGA & WEBTOON								
						4-4		
	įč.	alieus on separal	sheet I necessar	yl				
SIGNATURE	147			1	DATE	November 29, 2024		

34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate superior or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offens	e?	☐ 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 any any court or tribunal?	law, decree, ordinance or regulation by	☐ YES ☑ NO If YES, give details:					
37	Have you ever been separated from the service in any of the formation of the rolls, dismissal, termination, end of term, finish the public or private sector?		✓ YES □ NO If YES, give details: FINISHED CONTRACT					
38	a. Have you ever been a candidate in a national or local election Barangay election)?	on held within the last year (except	☐ 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 ca	☐ YES ☑ NO If YES, give details:						
39	Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):						
a. b.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☐ If YES, please specify: ☐ YES ☐ YES ☐ If YES, please specify ID No: ☐ YES ☐ YES ☐ If YES, please specify ID No:	NO					
1	REFERENCES (Person not related by consenguinity or affinity to applicant if	(appointee)						
H	NAME	ADDRESS	TEL. NO.					
r	KHESIYA MAE C. MANLANGIT	BRGY. RIZAL, SOGOD, SO. LEYTE	09757363545					
t	JASON BENDIJO	BRGY. ZONE 1, SOGOD, SO. LEYTE	09759342366					
	RAYMART BULAGSAC	SAINT BERNARD, SO. LEYTE	09155855318					
-	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. agree that any misrepresentation made in this document and its attachments shall cause the filling 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: PRC							
-	ID/License/Passport No.: 0173752	box)						
1	Date/Place of Issuance: 11/26/2019 TACLOBAN CITY	11/29/2024 Date Accomplished		Right Thumbmark				
T	SUBSCRIBED AND SWORN to before me this	, affiant exh	abiting his/her validly issued gove	mment ID as indicated above.				
		Person Administering O	alh					
1		aut						