CS Form No. 212 Revised 2017	PERS	ONAL DA	TA S	SHEE	Т					
WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the	Work Experience Sheet shall o	ause the fill	ing of administ	rative/criminal ca	se/s against the	person conce	rned.		
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHEE	T (PDS) BEFORE ACCOMPLIS	HING THE F	DS FORM.						
Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate N	/A if not applicable. DO NOT ABBI	REVIATE.		1. CS ID No.		(Do not fill	up. For CSC use only)		
I. PERSONAL INFORMATIO										
2. SURNAME	PRADO					NAME EXTENSION (JR.	SR)- N/A			
FIRST NAME	GRETCHEN MAE									
MIDDLE NAME	MONTECALVO									
DATE OF BIRTH (mm/dd/yyyy)	5/13/1986	16, CITIZENSHIP	☑ Filipino □ Dual Citizenship □ by birth □ I							
4. PLACE OF BIRTH	Cebu City	If holder of dual citizensh				Pls. indicate of	ountry:			
5. SEX	☐ Male ☐ Female	please indicate the detail	is.					*		
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS		N/A House/Block/Lot I	Vo.		PUROK 1			
	☐ Widowed ☐ Separated ☐ Other/s:			N/A			G.MODINA ZONE-16			
T. UPDOTE A	5'3		Subdivision/Village BAYBAY				Barangay LEYTE			
7. HEIGHT (m)				City/Municipality	/		Province			
8. WEIGHT (kg)	63 kg	ZIP CODE 18. PERMANENT ADDRESS		6521 N/A			N/A			
9. BLOOD TYPE	TYPE O	18. PERMANENT ADDRESS		House/Block/Lot I	Vo.		Street MODINA ZONE	16		
10. GSIS ID NO.	N/A			N/A Subdivision/Villag	70		Barangay	2-10		
11. PAG-IBIG ID NO.	121226285895			BAYBAY City/Municipality	,		Province			
12. PHILHEALTH NO.	13-025155501-0	ZIP CODE		6521						
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A						
14. TIN NO.	457-373-202	20. MOBILE NO.		09317200462						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			1	N/A				
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME	PRADO	23	3. NAME of CHI	LDREN (Write full			DATE OF BI	RTH (mm/dd/yyyy)		
FIRST NAME	LOUIS	NAME EXTENSION (JR., SR)			N/A			N/A		
MIDDLE NAME	PAPA LOUIGIE M. PRADO 02/25/2007					25/2007				
OCCUPATION	ADMINISTRATIVE ASSISTANT VI KATE MARIE M, PRADO 2/12/2008						2/2008			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			KATHLEEN	MAE M. PRADO		2/1	12/2008		
BUSINESS ADDRESS	VISCAK, BAYBAY CITY, LEYTE KRIS ANNE M. PRADO					2/12/2008				
TELEPHONE NO.	N/A		KRISTINE M. PRADO 12/9				/9/2012			
24. FATHER'S SURNAME	MONTECLAVO			LOURE	NZ M. PRADO		11/	25/ 2017		
FIRST NAME	EDILBERTO	NAME EXTENSION (JR., SR) N/A								
MIDDLE NAME	ATILLO									
25. MOTHER'S MAIDEN NAME										
SURNAME	ARADO									
	ROSELA									
FIRST NAME	VIZCAYNO				(Continue on sepa	rate sheet if necessa	(ניו			
MIDDLE NAME HI. EDUCATIONAL BACKS										
		BASIC EDUCATION/DEGREE	COURSE	PERIOD O	F ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/ ACADEMIC HONORS		
26. LEVEL	NAME OF SCHOOL (Write in full)	(Write in full)	COUNTE	From	To	(if not graduated)	GRADUATED	RECEIVED		
	KABATUAN ELEMENTARY SCHOOL	ELEMENTARY		1994	1999	N/A	1999	N/A		
ELEMENTARY	GUIWANON NATIONAL HIGH SCHOOL	SECONDARY		2000	2003	N/A	2003	N/A		
SECONDARY	(GNHS) VISAYAS STATE UNIVERSITY	BACHELOR OF SCIEN		2003	2011	N/A	2011	N/A		
		(Continue on separate sheet								
SIGNATURE					ATE		October 4, 20	25		
SIGNATURE	V4						CS FORM 212	Revised 2017), Page 1 of 4		

7. CAR	EER SERVICE/ RA 10	80 (BOARD/ BAR) UNDER	RATING	DATE OF	DI ACE OF EVALUATION	TION / CONFEED	MENT	LICENSE (if ap	oplicable)
		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFER	MENT	NUMBER	Date o Validit	
		N/A	N/A		N/A		N/A	N/A	
		Formal Time					De taken		
							-1-11/57		
			W. W. H.						
	e design			S. preschedich		100000			
			(Co	ntinue on separate sheet	if necessary)				
. WORK . nclude pri	EXPERIENCE vate employment	. Start from your recent	work) Description	n of duties should be	indicated in the attache	d Work Expe			
	USIVE DATES mm/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV
From	То	(Write in full/Do not	abbreviate)	(Write in fu	II/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
2/8/2012	12/31/2015	Science Researc	h Assistant	VSU, Dep	ot. of Agronomy	7, 500.00	340.90/day	JO	YES
1/2016	12/31/2018	Science Researc	h Assistant	-	t. of Soil Science	12, 000.00	545. 45/day	JO	YES
1/2019	12/31/2024	Laboratory Te	chnician	VSU, Dep	ot. of Agronomy	12, 000.00	545. 45/day	JO	YES
					S	100000			
							Tur	(g -)//	BUS FOR
							1,20		Succession
			March 1			JA Pelina 2	A1		
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					1.00 miles	00000000	134-75985-9		
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					The state of the s				yitayo
			100						
			(Ci	ontinue on separate shee	(if necessary)			er 4, 2025	



VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMENT	ne principal de la companya della companya della companya de la companya della co	-	RGANIZATION	//3		
29. NAME & ADDRESS OF (Write in			POSITION / NATURE OF WORK				
N/A	N/A	N/A	N/A	Zonaka	N/A		
		-					
VII. LEARNING AND DEVELOPMENT (LAC	(Doe INTERVENTIONS/TRAINING PR		heet II necessary) ENDED				
INCLUSIVE DATES OF					Type of LD	CONTRACTOR OF CHICAGO IN	
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Wills in full) 		(mm/d	d/yyyy)	NUMBER OF HOURS	(Managerial/ Eupervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		1,441		
KUBOTA-SAKA ARANGKADA 2025, Ehancing Training on Kubota Rice Transplanter and See		07/22/2025	07/22/2025	24 HOURS	TECHNICAL	DCV AgriTech Operations Supervisor	
introduction to Metrology and an Industrial Ca	libration	12/7/2022	07/13/2022	48HOURS	TECHNICAL	DOST, Region VIII	
Training Worshop on Soil and Nutrient Manag	ement and Assesing Soil Health	10/18/2021	10/19/2021	48HOURS	TECHNICAL	BSWM, Quezon City	
						4 P 4 P P	
自从于我是主动东							
						A THEORY WAS ENDINED	
						The state of the s	
/III. OTHER INFORMATION	(Con	tinue on separate si	heet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTING		IITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DATA GATHERING	NIA				N/A		
COMPUTER LITERATE	NIA					N/A	
GARDENING	NIA						
CALIBRATING SENSITIVE INSTRUMENTS							
		tinue on separate st	heet if necessary)				
SIGNATURE	as,			DA	ATE	October 4, 2025 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?					
		☐ YES ☑ N				
	b. within the fourth degree (for Local Government Unit - Car	YES N	0			
		If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	fense?				
		☐ YES ☑ N If YES, give details:	0			
			in 120, giro dottalio.			
	b. Have you been criminally charged before any court?		□ YES ☑ N	NO		
	and the second s		If YES, give details:	10		
			Date Filed:			
			Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	iny law, decree, ordinance or regulation by	☐ YES ☑	NO		
	sary sources produced		If YES, give details:			
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term,	e following modes: resignation, retirement,	YES	NO		
	the public or private sector?	missied contract or phased out (abolition) in	If YES, give details:	g amount of each contact should		
38.	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES ☑	NO		
	Barangay election)?		If YES, give details:			
	b. Have you resigned from the government service during t	he three (3)-month period before the last	☐ YES ☑ NO			
	election to promote/actively campaign for a national or loca	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO				
		If YES, give details (cou	ntry):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	igna Carta for Disabled Persons (RA 7277);				
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas					
8.	Are you a member of any indigenous group?			NO		
b.	Are you a person with disability?		If YES, please specify:	NO -		
			If YES, please specify ID N			
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:			
11	percentage of the state of the	of (connections)	ii 120, picase specify is 1			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant NAME	ADDRESS	TEL. NO.			
	BERTA C. RATILLA	VISAYAS STATE UNIVERSITY	9262597123	25		
_						
	ED ALLAN L. ALCOBER	Brgy. Gabas, Baybay City Leyte	9483696506			
	VICTOR B. ASIO	Brgy. San Agustin, Baybay City Leyte	053-563-7392			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertial Philippines. I authorize the agency head/authorized represagree that any misrepresentation made in this doctadministrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	РНОТО		
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance					
-	overnment Issued ID: NATIONAL ID: 3607-2403-5862-8419					
ID	//License/Passport No.:	Signature (Sign inside the b		133		
-	ate/Place of Issuance: BAYBAY, CITY LEYTE	JA)				
L	DATUMI, UTILLITE	Date Accomplished		Right-Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued gover	nment ID as indicated above.		
		1				
	La Carte de la Car	Person Administering Oat				
				CS FORM 212 (Revised 2017), Page 4 of		

