CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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						E PDS FOR	M. 1. CS ID No.		(Do not fill up. F	For CSC use only)
I. PERSONAL INFORMATION		set ii necessary. indicate	NA II Hot applic	dole. DO NOT A	ADDICE VIA I E.		1. 00 15 110.		(20 1101 1111 412 1	o. 000 aoo oy,
2. SURNAME	RODRIGUEZ									
FIRST NAME	GERRY							NAME EXTENSION (JR	L, SR)	
MIDDLE NAME										
3. DATE OF BIRTH (mm/dd/yyyy)	02/02	16. CITIZENSH	IP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐			☐ by naturaliz	ation	
4. PLACE OF BIRTH	Bayba	If ho	older of dual citizer	nship,			Pls. indicate country:			
5. SEX	✓ Male ☐ Female		ple	ease indicate the de	Philippines					•
6 CIVIL STATUS	☑ Single ☐ Married ☐ Separated ☐ Other/s:		17. RESIDENTIAL ADDRESS			se/Block/Lot No		(SITIO TAGPILI Street HILUSIG	
7. HEIGHT (m)		.6			ıbdivision/Village MAHAPALG			Barangay LEYTE		
8. WEIGHT (kg)			7IP	CODE	City/Municipality		Province			
	63		ZII	CODE				6512 SITIO TAGPILI		
9. BLOOD TYPE	`) 	-		Hous	se/Block/Lot No).	Street HILUSIG		
10. GSIS ID NO.					Sub	odivision/Village		Barangay		
11. PAG-IBIG ID NO.	121312	849213			Cit	MAHAPL ty/Municipality	AG	LEYTE Province		
12. PHILHEALTH NO.	01-2551	93358-8	ZIP	CODE		6512				
13. SSS NO.			19. TELEPHON	IE NO.						
14. TIN NO.	617-119-6	665-00000	20. MOBILE NO).			09	9512681972		
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADI	ORESS (if any)		gerryrodriguez679@gmail.com				
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME				23. NAME of CHI	HILDREN (Write full name and list all) DAT			DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME			NAME EXTENSION	ON (JR., SR)						
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAME										
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME	SALIDO		NAME EXTENSION	ON (JR., SR)	SR)					
FIRST NAME	JESSIE			(,,						
MIDDLE NAME	SARCO									
25. MOTHER'S MAIDEN NAME										
SURNAME	RODRIGUEZ									
FIRST NAME	LYDIA DUPLACO					(C)	ontinuo on col	parate sheet if neces	eand	
MIDDLE NAME III. EDUCATIONAL BACKGE						(OC	munue on sep	varate sheet ii heces	isary)	_
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC ED	DUCATION/DEGRE (Write in full)	TION/DEGREE/COURSE Write in full)		TO	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	HILUSIG ELEMENTARY SCHOOL					07/04/2007	03/25/2012	Grade 6	2012	3rd Honorable Mention
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL- UPPER					07/12/2012	01/06/2018	Grdae 12	2018	With Honor
VOCATIONAL / TRADE COURSE										
COLLEGE	VISAYAS STATE UNIVERSITY				08/05/2018	08/12/2022	Fourth Year	2022	Cumlaude	
GRADUATE STUDIES										
		(0	Continue on sepa	arate sheet if nece						
SIGNATURE		5		DATE	Dec	ember 17, 202	3	CS FORM 212	2 (Revised 2017),	Page 1 of 4

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERM		RMENT	LICENSE (if applicable) Date of		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE				CONFERMENT	ONFERMENT			NUMBER	Validity
LICENSED PROFESSIONAL TEACHER 84.6			09/24/2023	TACLOABN CITY			NA	NA	
HONOR GRADUATE ELIGIBILITY (P.D. 907)			NA	05/17/2023	PALO	, LEYTE		NA	NA
	XPERIENCE			tinue on separate sheet					
	ate employmer	nt. Start from your recen	t work) Description	of duties should b	e indicated in the attache	d Work Expe	SALARY/ JOB/ PAY		
20.	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
09/28/2022	02/01/2023	PART-TIME INS	TRUCTOR		IIVERSITY-DEPARTMENT OF	13,000-14,500		CONTRACTUAL	Y
02/15/2023	06/23/2023	PART-TIME INST		VISAYAS STATE UN	D BEHAVIORAL SCIENCES IVERSITY-DEPARTMENT OF D BEHAVIORAL SCIENCES	13,000-14,500		CONTRACTUAL	Y
08/16/2023	12/20/2023	PART-TIME INS	TRUCTOR	VISAYAS STATE UN	IIVERSITY-DEPARTMENT OF AND SOCIAL SCIENCES	13,000-14,500		CONTRACTUAL	Υ
				THEODOTHY	AND OCCIAL COLLINGES				
			(Con	tinue on separate sheet	t if necessary)				
SIGNA	ATURE		5	DATE	December 17 , 2023		CS FORM 2	212 (Revised 2017), F	Page 2 of 4

VI. VO	LUNTARY WORK OR INVOLVEMENT I	IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO	LUNTARY O	RGANIZATION	I/S	
	NAME & ADDRESS OF OF			'E DATES			
29.	(Write in full)		(mm/d From	d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
MAHOGANY MEN'S HALL DORMITORY, VISAYAS STATE UNIVERSITY			08/16/2023	12/20/2023			ASSISTANT ADVISER
NATIONAL SERVICE TRAINING PROGRAM CIVIC WELFARE AND TRAINING							
	SERVICE (NSTP), VISAYAS STA	ATE UNIVERSITY	08/16/2023	12/20/2023			TEAM COORDINATOR
			inue on separate s				
VII. LE	EARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED			
(Start fro	om the most recent L&D/training program and inclu	ide only the relevant L&D/training taken fo		DATES OF	Chief/Executive/Ma		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
	(TTAG III IUII)		From	То		Technical/etc)	
	ANNUAL STUDENT TEACHERS	CONVENTION	3/26/2022	3/26/2022	8.0	TECHNICAL	PHILIPPINE ASSOCIATION FOR TEACHERTS AND EDUCATORS
	INSTRUCTIONAL RESOURCES IN R	REMOTE LEARNING	11/19/2021	11/19/2021	3.0	TECHNICAL	VISAYAS STATE UNIVERSITY- DEPARTMENT OF TEACHER EDUCATION
		(Cont.)		h 4 if			
VIII. O	THER INFORMATION	(Conti	inue on separate s	neet ii necessary,			
31.	SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN (Write	ICTIONS / RECOG	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Interpersonal Skills						
	Effective Time Management						
Teamwork and Collaboration							
		(Conti	inue on separate s	heet if necessary			
	SIGNATURE			DATE		ember 17. 2023	CS FORM 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative of	ffense?	☐ YES If YES, give det	☑ NO tails:				
	b. Have you been criminally charged before any court?		Date Filed:	If YES, give details:				
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	any law, decree, ordinance or regulatior	YES If YES, give det	☑ NO tails:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, export (abolition) in the public or private sector?	☐ YES If YES, give det	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?b. Have you resigned from the government service during t last election to promote/actively campaign for a national or	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:						
39.	Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):						
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO						
41	REFERENCES (Person not related by consanguinity or affinity to applican	at /annointee)	If YES, please spe	_				
NAM		ADDRESS	TEL. NO.					
Dr.	Noel Ayoc	Palanogan, Mahaplag Leyte	9363169000					
-	C. Bansale	MacArthur Leyte	9489762630	(
Ber	ndine April Anatacio	Hilongos Leyte	9325923533					
P	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							
G	overnment Issued ID:	` -						
	//License/Passport No.:							
D	ate/Place of Issuance:		Right Thumbmark					
	Per ORM 212 (Revised 2017), Page 4 of 4	, affiant exhibiting his/hei	validly issued governme	ent ID as indicated above. SC				