CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person

concerned.		•		_		_	-		
	TO FILLING OUT THE PERSONAL DATA SE and use separate sheet if necessary. Indicate N/A			THE PDS FO	1. CS ID No.		(Do not fill up. F	For CSC use only)	
I. PERSONAL INFORMATION									
2. SURNAME	CABRAL								
FIRST NAME	ALEXANDER		NAME EXTENSION (JR., SR) JR.						
MIDDLE NAME	LALUNA								
3. DATE OF BIRTH (mm/dd/yyyy)	10/10/1996 16. CITIZENSHIP			✓ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization					
4. PLACE OF BIRTH	BAYBAY, LEYTE If holder of dual citizens			☑ by birth ☐ by naturalization Pls. indicate country:					
5. SEX	✓ Male ☐ Female	please indicate the details. Philippines					_		
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s: ☐ Other /s:			e/Block/Lot No. tivision/Village			Street MAGANHAN Barangay		
7. HEIGHT (m)	5'5"	BAYBA		BAYBAY	LEYTE				
8. WEIGHT (kg)	85	ZIP CODE	City/Municipality ZIP CODE			6521			
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS							
10. GSIS ID NO.	NONE			House/Block/Lot No. Street MAGANHAN					
11. PAG-IBIG ID NO.	121219260874	BAY					Barangay LEYTE		
12. PHILHEALTH NO.	130254952185 ZIP CODE		C/I	ty/Municipality		6521	Province		
13. SSS NO.	0640724322 19. TELEPHONE NO.					N/A			
14. TIN NO.	715681141 20. MOBILE NO.				0	9271386965			
15. AGENCY EMPLOYEE NO.	21. E-MAIL ADDRESS (if any) alexande			xander.c	er.cabral@vsu.edu.ph				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A			N/A		N	I/A	
MIDDLE NAME	N/A			N/A			N/A		
OCCUPATION	N/A			N/A			N/A		
EMPLOYER/BUSINESS NAME	N/A			N/A			N/A		
BUSINESS ADDRESS	N/A			N/A			N	I/A	
TELEPHONE NO.	N/A		N/A			N/A		I/A	
24. FATHER'S SURNAME	CABRAL		N/A			N/A		I/A	
FIRST NAME	ALEXANDER	NAME EXTENSION (JR., SR) N/A	N/A			N/A		I/A	
MIDDLE NAME	TORIBIO			l	N/A	N/A		I/A	
25. MOTHER'S MAIDEN NAME	LALUNA			l	N/A	N/A			
SURNAME	MUEGO			N/A				N/A	
FIRST NAME				ļ	N/A		N	I/A	
MIDDLE NAME	2.551			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGI	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	GRACE CHRISTIAN SCHOOL	Primary		2002	2008	graduate	2008	none	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	High School		2008	2012	graduate	2012	none	
VOCATIONAL / TRADE COURSE	ACEDILLA TECHNOLOGICAL INSTITUTE	NC2 HOUSEKEEPI	NG	2017	2017	graduate	2017	none	
COLLEGE	VISAYAS STATE UNIVERSITY	VISAYAS STATE UNIVERSITY BS-HRTM		2012	2016	graduate	2016	none	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	Master in Mgmt. Major in Busine	ess Management 2019 Present		On-going	N/A	none		
		Cor tinue on separate sheet if nece	essary)	l	İ	1	I.	Ī	
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	3 m 3 m 4	/				CS	FORM 212 (Revise	ed 2017), Page 1 of 4	

IV. CIVIL S	ERVICE ELIG	IBILITY							
	SPECIAL LAV	080 (BOARD/ BAR) UNDER NS/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	OF EXAMINATION / CONFERMENT		LICENSE (if ap	plicable) Date of
BA	RANGAY ELIGIBILI	TY / DRIVER'S LICENSE	(ii Applicable)	CONFERMENT				NUMBER	Validity
	N/A	\	N/A	N/A	N/A		N/A	N/A	
V WORK	EVERNENCE		(Co.	ntinue on separate sheet	if necessary)			_	
	EXPERIENCE te employment.	Start from your recent work	x) Description of dut	ies should be indicated	d in the attached Work Expe	rience sheet.			
28. INCLUSI (mm/dd/y	VE DATES yyyy)	POSITION TI (Write in full/Do not :			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/JOB/ PAY GRADE (if applicable)& STEP (Format *00-	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	То	,	,	,	,		STEP (Format *00- 0*)/INCREMENT		(9
1/31/2019	Present	Part Time Ins			State University	15,000.00		Part Time	YES
1/22/2019	1/4/2019 7/2019	Barista Part Time Ins			State University	9,000.00	NA	Full Time Part Time	No YES
					Visayas State University		NA		
08/2017	01/2018	Tutor/Substitute			hristian School	1,500.00	NA	Part Time	NO
12/2016	12/2016	Tourism Staff/V	/olunteer	Baybay Tourim and Investement Promotion Office		NA	NA	Part Time	YES
		/		ntinue on separate sheet					L
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
	NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES		NUMBER OF	POSITION / NATURE OF WORK			
(Write in full)		(mm/dd/yyyy) From To					HOURS
Baybay Tourism and Investment Promotion Office			10/30/2016	8.0	Tourism Staff/Volunteer		
	(Continue on se	eparate sheet if ned	accan/l				
VII. LEARNING AND DEVELOPMENT (L&D)							
(Start from the most recent L&D/training program and includ				ef/Executive/Ma	anagerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF	Type of LD	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy)		HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
		From	То				
SEMINAR ON FOOD SAFETY	AND INNOVATION	10/24/2019	10/24/2019	4.0	TECHNICAL	Visayas StateUniversity-DFST Eastern Visayas Tourism	
SEMINAR-WORKSHOP on M	I.C.E and MORE	9/28/2019	9/28/2019	8.0	TECHNICAL	Association	
SEMINAR ON INTERNATIONAL TRAD	DE LAWS AND POLICIES	05/02/2019	05/02/2019	5.0	TECHNICAL	Visayas StateUniversity-CME	
TRAINING-WORKSHOP ON EVEN	TS MANAGEMENT	03/11/2019	03/13/2019	8.0	SUPERVISORY	International Skills Republic Academy,INC.	
TRAINING-WORKSHOP ON TOUR	ISM PROMOTION	3/10/2019	3/10/2019	8.0	TECHNICAL	International Skills Republic Academy,INC.	
TRAINING-WORKSHOP ON TRAVEL SERVICES			3/9/2019	8.0	TECHNICAL	International Skills Republic Academy,INC.	
	(Continue on se	eparate sheet if nec	essary)				
VIII. OTHER INFORMATION						MEMBERSHIP IN	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. ASSOCIATION/ORGANIZATION (Write in full)	
Traveling	None					None	
Café Hopping							
Cooking							
Listening to music							
-							
	(Pantinua	onstrate sheet if w	occan/l				
SIGNATURE	Dowal	eparate sheet if ned	coodiy)	Г	DATE	September 10 2021	

34.	Are you related by consanguinity or artinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree?		□ YES ☑	l NO		
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative o	☐ 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 by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of t retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	☐ YES If YES, give details	☑ NO :			
38.	Barangay election)?	☐ YES If YES, give details	☑ NO ::			
	b. Have you resigned from the government service during election to promote/actively campaign for a national or local	☐ YES If YES, give details	☑ NO ::			
39.	Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a.	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?	☐ YES If YES, please specify	✓ NO			
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)				
	NAME	ADDRESS	TEL. NO.	ID picture taken within		
	Genevieve Marie T. Bactasa	Baybay City, Leyte	9151729488	the last 6 months 3.5 cm. X 4.5 cm (passport size)		
	Jemaima R. Lisondra	Baybay City, Leyte	9066322255	With full and handwritten name tag and signature over printed name		
	Venice B. Ibaňez	ViSCA, Baybay City, Leyte	9356585386	Computer generated or photocopied picture is not acceptable		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines. I authorize the agency head/authorized reproduced in this document of the agency head in the agency head in this document of the agency head in t	nent laws, rules and regulations of the lesentative to verify/validate the contents	Republic of the stated herein.	РНОТО		
et	overnment issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, PLEASE INDICATE ID Number and Date of	0				
	iovernment Issued ID: 0640724322	Dolliar	•			
ID/License/Passport No.: Signature (Sign ii			ox)			
Date/Place of Issuance: 1/29/18 Ormoc City 9/10/2021 Date Accomplished				Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	ng his/her validly issued go	overnment ID as indicated above.			
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