Form No. 212									
PERSONAL DATA SHEET YARNING: 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									
WARNING: Any misrepresentation concerned.	on made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the fil	ing of admi	nistrative/c	riminal case/a ag	ainst the pers	on	
READ THE ATTACHED GUIDE T	O FILLING OUT THE PERSONAL DATA SHE) and use separate sheet if necessary. Indicate N				CS ID No.		(Do not fitt up. Fo	v CSC use only	
SPERSONAL INFORMATION		A II HOI applicable. DO NOT A	DORE TIME	TESTED!	CONDINO	SCHOOL STATE	(DO NOT III OP. P.	or CSC use O(1))	
A COLUMN TO A COLU	PRADO								
FIRST NAME	GRETCHEN MAE		NAME EXTENSION (JR., SP)						
	MONTECALVO							-	
3. DATE OF BIRTH	MONTEGRATO	L	1						
(mm/dd/yyyy)	1986-05-13	16. CITIZENSHIP		✓ Filipin	0	Dual Ottzenship by birth	7	.Was	
	Cebu City	If holder of dual citize	nship.	Pls. indicate co					
5. SEX	☐ Male ☐ Female	please indicate the d	100				•0		
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS						i in a	
6 CIVIL STATUS	☐ Widowed ☐ Separated	THE SIDERTINE ADDRESS	Hous	e/Block/Let No			Street		
	Other/s:		Sub	division/VIIIage		G.MC	DOINA ZONE Barangay	16	
7. HEIGHT (m)	5'3		Bay		aybay City			Leyte Province	
8. WE:GHT (kg)	63	ZIP CODE	City/Municipality 6521 A			100000			
9 BLOOD TYPE	0	18. PERMANENT ADDRESS	Hous	e/Block/Lat Na			Street		
10 GSIS ID NO.	N/A			division/Village		G.MC	DDINA ZONE Barangay	16	
11 PAG-IBIG ID NO.	121226285895	1	Baybay City CtyMunicipality			Leyte Province			
12 PHILHEALTH NO.	13-025155501-0	ZIP CODE	6571-A						
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)	gretchenmaep	rado@gmail	com				
II. FAMILY EXICKGROUND			D-BLATE		ALCONO.	是物社区的	a my	P. Control of	
22. SPOUSE'S SURNAME	PRADO	NAME EXTENSION (JR., SR)	23. NAME of CHI		full name and	ist all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	LOUIS	IN THE EXPENSION (SIC)	LOUIGIE M. PRADO				02/25/2007		
MIDDLE NAME	PAPA	KATE MARIE M PRADO				12/02/2008			
OCCUPATION	ADMINISTRATIVE ASSISTANT II	KATHLEEN MAE M, PRADO				12/02/2008			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY	KRIS ANNE M. PRADO				12/02/2008			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE		KRISTINE M. PRADO				09/12/2012		
TELEPHONE NO	N/A		LOURENZ M. PRADO				11/25/2017		
24. FATHER'S SURNAME	MONTECALVO								
FIRST NAME	EDILBERTO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	ATILLO								
25 MOTHER'S MAIDEN NAME									
SURNAME	ARADO								
FIRST NAME	ROSELA								
MIDDLE NAME	VIZCAYNO			(Co	ontinue on se	parate sheet if neces	sary)	17	
III. EDUGATIONAL BACKGR	ROUND		KIN IS	18 8 B	STATE OF	DESCRIPTION OF THE PARTY OF THE	THE STATE OF	3.7470MA	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	KARATIJAN ELEMENTARY SCHOOL			From	To	(if not graduated)		RECEIVED	
SECONDARY	GUIWANON NATIONAL HIGH SCHOOL	ELEMENTAR		1994	1999	N/A	1999	N/A	
VOCATIONAL /		SECONDAR	Υ	2000	2003	N/A	2003	N/A	
TRADE COURSE COLLEGE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS LEVEL MASTER OF		2003	2011	N/A	2011	N/A	
- Totaled	UATE STUDIES VISAYAS STATE UNIVERSITY MS LEYELI MASTER OF SCIENCE IN AGRONOMY 2019 2022 NIA NIA NIA (Continue on separate sheet if necessary)					NA			
SIGNATURE	Gn.	and the same of th	-200.31	DA	TE	Octobe	er 7.	202)	



	SERVICE ELIG		E AND THE	A STATE OF THE PARTY OF THE PAR	国家1000年5月9	A SUPERIOR		LICENSE (I es	oficatio)
27 CAR	EER SERVICE RA	1080 (BOARD/ BAR) UNDER NWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFERI	MENT	LICENSE (If ap	Date of Validity
	N/	Α	N/A	NA	N	/A		N/A	NA
<u> </u>									
-									
									-
			10						- 101/155
	XPERIENCE	Maria San		ntinue on separate sheet	The second	78 30 7			2-11 32
	ite employmen SIVE DATES	t. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	SALARY/ JOB/ PAY		A THE PARTY
	n/dd/yyyy)	POSITION TO (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (II application) & STEP (Formal '00-0') INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
8/12/2012	12/13/2015	SCIENCE RESEARC	H ASSISTANT	AGRONOMY		7,500.00	MONTHLY	JO	YES
01/01/2016	12/31/2018	SCIENCE RESEARC	H ASSISTANT	SOIL SCIENCE		12,000.00	MONTHLY	JO	YES
01/01/2019	12/31/2022	LABORATORY TE	CHNICIAN	AGRONOMY		12,000.00	MONTHLY	JO	YES
	1								
	1								
			(Co	ntinue on separate shee	of if necessary)				
SIGN	IATURE	9	> .	and all all all all all all all all all al	DATE	(Sct05er	7, 2	1022



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 If YES, give detail	INO			
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 any court or tribunal?	☐ YES ☑ NO 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, fin in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38 a. Have you ever been a candidate in a national or local election Barangay election)?	☐ 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 or 	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972).	please answer the following items:		[] up		
a. Are you a member of any indigenous group?		YES If YES, please specif	y:		
b. Are you a person with disability?		YES If YES, please specif	NO NO		
c. Are you a solo parent?		YES If YES, please specif			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	(appointee)				
NAME	ADDRESS	TEL NO.	ID picture taken within		
NAME		TEL NO. 9159626403	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm		
NAME RUTH O.ESCASINAS	ADDRESS		the last 6 months		
NAME RUTH O.ESCASINAS BERTA C. RATILLA	ADDRESS GABAS BAYBAY CITY LEYTE	9159626403	the last 6 months 3.5 cm X 4.5 cm (passport size)		
NAME RUTH O.ESCASINAS	ADDRESS GABAS BAYBAY CITY LEYTE VISCA BAYBAY CITY LEYTE VISCA BAYBAY CITY LEYTE this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents state	9159626403 053-563-7123 053-563-7392 rue, correct and Republic of the	the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over		
NAME RUTH O.ESCASINAS BERTA C. RATILLA VICTOR B.ASIO 42. I dectare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this documents.	ADDRESS GABAS BAYBAY CITY LEYTE VISCA BAYBAY CITY LEYTE VISCA BAYBAY CITY LEYTE this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents state	9159626403 053-563-7123 053-563-7392 rue, correct and Republic of the ed herein. I e the filing of	the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable		
RUTH O.ESCASINAS BERTA C. RATILLA VICTOR B.ASIO 42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document instrative/criminal case/s against me. Government Issued ID (in Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: MATIONAL ID: 3607-2403-5862-8419 D/License/Passport No.:	ADDRESS GABAS BAYBAY CITY LEYTE VISCA BAYBAY CITY LEYTE VISCA BAYBAY CITY LEYTE this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents statement and its attachments shall cause the content of the intative to verify/validate the contents statement and its attachments shall cause the content of the intative to verify/validate the contents statement and its attachments shall cause the content of the cont	9159626403 053-563-7123 053-563-7392 rue, correct and Republic of the ed herein. I e the filing of e the filing e th	the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO		