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 filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes (🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME DAING NAME EXTENSION (JR., SR) FIRST NAME ANGELITO MIDDLE NAME IYANA 3. DATE OF BIRTH 08/16/1997 16. CITIZENSHIP Dual Citizenship ✓ Filipino (mm/dd/yyyy) by birth by naturalization BAYBAY CITY, LEYTE 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. ✓ Male Female 5. SEX ✓ Single Married 17. RESIDENTIAL ADDRESS PUROK 7 6 CIVIL STATUS Widowed Separated PLARIDEL CASILION Other/s: Subdivision/Village **BAYBAY CITY LEYTE** 7. HEIGHT (m) 1.64 m City/Municipality Province ZIP CODE 8. WEIGHT (kg) 64 kg 18. PERMANENT ADDRESS PUROK 7 9. BLOOD TYPE N/A House/Block/Lot No. CASILION PLARIDEL 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. N/A City/Municipality Province 12. PHILHEALTH NO. 13-202845778-6 ZIP CODE 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO. 654-493-463-00000 09630165879 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) angelitod732@gmail.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A N/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/A N/A TELEPHONE NO. N/A N/A DAING 24. FATHER'S SURNAME N/A NAME EXTENSION (JR., SR) N/A FIRST NAME **IRENEO** N/A N/A MIDDLE NAME **GUY-AB** N/A N/A 25. MOTHER'S MAIDEN NAME N/A N/A SURNAME IYANA N/A N/A LUCENA FIRST NAME N/A APIPI MIDDLE NAME (Continue on separate sheet if necessary)

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III. EDUCATIONAL BACKGROUND								
26. LEVEL		(Write in full) BASIC EDUCATION/DEGREE/COURSE (Write in full)				HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
				From	То	(if not graduated)		RECEIVED
ELEMENTARY	PLARIDEL CENTRAL SCHOOL	BASIC EDUCATION		2004	2010	GRADUATE	2010	N/A
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	SECONDARY EDUCATION		2011	2016	GRADUATE	2016	N/A
VOCATIONAL /	PLARIDEL NATIONAL HIGH SCHOOL	TECHNICAL VOCATIONAL LIVELIHOOD - AUTOMOTIVE SERVICING		2016	2018	GRADUATE	2018	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN AGRONOMY		2018	2024	GRADUATE	2024	N/A
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)								
SIGNATURE	SIGNATURE Arrent Pro			DA	TE	July 3, 2025		

IV. CIVIL SI	ERVICE ELIG	BILITY							
			RATING	DATE OF				LICENSE (if a	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	TION / CONFER	RMENT	NUMBER	Date of Validity		
	N/A	A	N/A	N/A	N/A N/A		N/A	N/A	
V. WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Exp		t.	90V 1
	SIVE DATES m/dd/yyyy)	POSITION TITLE	(Write in full/Do not	DEPARTMENT / AGENC	Y / OFFICE / COMPANY (Write in	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	SERVICE
From	То	abbreviate		full/Do	not abbreviate)	SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT	
1/8/2022	01/30/2023	SALES CF	REW	AMC	RE PIZZA	1,000 PHP /WEEK	N/A	TEMPORARY	N/A
02/29/23	05/1624	Student Ass	istant	Departme	nt of Agronomy	60/hr	N/A	TEMPORARY	N/A
02/0/25	5/1/2025	Farm Agricu	lturist	SUDI	ON FARM	15.00	N/A	TEMPORARY	N/A
				ntinue on separate sheet	if necessary)				
SIGNA	TURE	Att.	Teledy way		DATE			03/2025 FORM 212 (Revised 20	

PARSH PASTORAL COUNCIL FOR RESPONSIBLE VOTINO 100	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
PARISH PASTORAL COUNCIL FOR RESPONSIBLE VOTNO 100000000 1000000000000000000000000	29. NAME & ADDRESS OF ORGANIZATION (Write in full		(mm/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
Section Process Proc	PARISH PASTORAL COUNCIL FOR RESPONSIBLE VOTING			10/31/2024	18.0		VOLUNTEER WATCHER
Section Process Proc							
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Section Process Proc							
March Marc	VII. I FARNING AND DEVELOPMENT (L&D.)						
March Marc	VII. ELAKKING AND DEVELOT MENT (EGD)	INTERVENTIONS/TRAINING FT	INCLUSIVE			Type of LD	
Organic Agriculture Production S9202S G9202S G9202S			(mm/c		NUMBER OF HOURS	(Managerial/ Supervisory/	
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CROP PRODUCTION DATA COLLECTION AUTOMOTIVE SERVICING COOKING COMPUTER LITERACY (Continue on separate sheet if necessary)		NON-ACADEMIC DISTINCTIONS / RE	COGNITION				
DATA COLLECTION AUTOMOTIVE SERVICING COOKING COMPUTER LITERACY (Continue on separate sheet if necessary)		32.					full)
AUTOMOTIVE SERVICING COOKING COMPUTER LITERACY (Continue on separate sheet if necessary)			GUARDIANS BROTHERHOOD ORGANIZATION				
COOKING COMPUTER LITERACY (Continue on separate sheet if necessary)							
COMPUTER LITERACY (Continue on separate sheet if necessary)							
(Continue on separate sheet if necessary)							
		7		sheet if necessary)			

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 [✓ NO			
	b. within the fourth degree (for Local Government Unit - Career Employees)?					
,	, , ,	☐ YES If YES, give details	<u>√</u> NO :			
35. a. Have you ever been found guilty of any administrative offer	35 a. Have you ever been found quilty of any administrative offense?					
, , ,	☐ YES ☑ NO If YES, give details:					
			•			
b. Have you been criminally charged before any court?		· · · · · · · · · · · · · · · · · · ·	✓ NO			
		If YES, give details	:			
		Date Filed: Status of Case/s:				
		Status of Case/s.				
36. Have you ever been convicted of any crime or violation of ar by any court or tribunal?	ny law, decree, ordinance or regulation	☐ YES ☑ NO				
by any count of tribunar:		If YES, give details:				
37. Have you ever been separated from the service in any of the		YES V NO				
retirement, dropped from the rolls, dismissal, termination, en	d of term, finished contract or phased	If YES, give details:				
out (abolition) in the public or private sector?		-				
38. a. Have you ever been a candidate in a national or local election. Barangay election.	ction held within the last year (except	☐ YES ☑ NO If YES, give details:				
Barangay ciccion):						
b. Have you resigned from the government service during the		☐ YES ☑ NO				
election to promote/actively campaign for a national or local	candidate?	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						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:					
a. Are you a member of any indigenous group?		☐ YES ✓ NO				
b. Are you a person with disability?		If YES, please specify:				
Are you a person with disability!		☐ YES ☑ NO If YES, please specify ID No:				
c. Are you a solo parent?						
		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
NAME	ADDRESS	TEL. NO.				
WENCES REY DELA PEÑA	BAYBAY CITY, LEYTE	9096882172				
LEMUEL T. LLANO	BAYBAY CITY, LEYTE	9619601845				
ANGELA A. FERRAREN	BAYBAY CITY, LEYTE	9173285602				
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 pertine						
Philippines. I authorize the agency head/authorized represent						
I agree that any misrepresentation made in this docu	ment and its attachments shall cause	e the filing of	РНОТО			
administrative/criminal case/s against me.						
GOVERNMENT ISSUED TO (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
PLEASE INDICATE ID Number and Date of	11 11 1)				
Government Issued ID: PHILHEALTH	X					
ID/License/Passport No.: 13-202845778-6	Signature (Sign inside the b	,				
	OX)					
Date/Place of Issuance: BAYBAY CITY		Right Thumbmark				
CURCODIRED AND OWORN to be for the first	. rr 1911	ting hig/herry-list 100 1	government ID or indicated all a			
SUBSCRIBED AND SWORN to before me this	, attiant exhibi	ung nis/her validly issued	government ID as indicated above.			
•						