CS Form No. 212									
Revised 2017	PERSO	NAL DAT	A SH	IEE.	Γ				
WARNING: Any misrepresentati concerned.	tion made in the Personal Data Sheet and th	e Work Experience Sheet sh	nall cause the	filing of adı	ministrative	/criminal case/s	against the p	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SH								
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION) and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE		1. CS ID No.		(Do not fill up. I	For CSC use on	
2. SURNAME	SAJULGA								
FIRST NAME	ERIC					NAME EXTENSION (JR	R., SR)		
MIDDLE NAME	ESTOMATA								
3. DATE OF BIRTH	12/12/1993	AC OITIZENOLIID							
(mm/dd/yyyy)	12/12/1993	IO. CITIZENSHIP	. CITIZENSHIP		10	Dual Citizenship	☐by naturaliz	ration	
4. PLACE OF BIRTH	CABADBARAN CITY	If holder of dual citizenship,		Pls. indicate			— :		
5. SEX	✓ Male Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS							
	☐ Widowed ☐ Separated		Ног	ise/Block/Lot N	0.		Street CALIBUNAN		
	Other/s:	_		bdivision/Village BADBARAN CI		ΔGI	Barangay JSAN DEL NORT	F	
7. HEIGHT (m)	62	_		ity/Municipality		AGC	Province		
8. WEIGHT (kg)	02	ZIP CODE				8605	8605		
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Ног	ouse/Block/Lot No.			Street		
10. GSIS ID NO.			Subdivision/Village		9		CALIBUNAN Barangay		
11. PAG-IBIG ID NO.	121241964286			BADBARAN CIT ity/Municipality	ΓΥ	JSAN DEL NORTE Province			
12. PHILHEALTH NO.	18-201272919-8	ZIP CODE				8605			
13. SSS NO.	08-2950522-3	19. TELEPHONE NO.							
14. TIN NO.	382-717-379-000	20. MOBILE NO.	09480704335						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	sajulgaeric33@gmail.com						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	ΓΗ (mm/dd/yyyy	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	SAJULGA								
FIRST NAME	EDWIN	NAME EXTENSION (JR., SR)							
MIDDLE NAME	BALITE								
25. MOTHER'S MAIDEN NAME									
SURNAME	ESTOMATA								
FIRST NAME	ROSALIE								
MIDDLE NAME	ESTOQUE	ESTOQUE			(Continue on separate sheet if necessary)				
III. EDUCATIONAL BACKGE	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS RECEIVED	
ELEMENTARY	CABADBARAN SOUTH CENTRAL ELEMENTARY SCHOOL			6/12001	4/32007		2007		
SECONDARY	CABADBARAN CITY NATIONAL HIGH SCHOOL			6/1/2007	4/1/2011		2011		
VOCATIONAL / TRADE COURSE	N/A	N/A							
COLLEGE	CARAGA STATE UNIVESITY CABADBARAN CAMPUS	BACHELOR OF SCIENCE IN ENGINEERING	ELECTRICAL	6/1/2011	8/1/2017		2018		

N/A

DATE

GRADUATE STUDIES

SIGNATURE

N/A

September 1, 2021

IV CIVILS	SERVICE ELIG	IBII ITY							
		1080 (BOARD/ BAR) UNDER	DATINO	DATE OF				LICENSE (if a	oplicable)
	SPECIAL LA	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	TION / PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
REGIS	STERED ELECT	RICAL ENGINEER	79.2	APRIL 17-18,2018	UNIVERSITY OF CEBU-MANGBALING			0068591	12/12/2021
V WORK	EVBEBIENCE		(Con	ntinue on separate sheet	if necessary)				
	EXPERIENCE vate employme	nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attache	d Work Exp	erience sheet		
28. INCL	USIVE DATES nm/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not			//Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
8/1/2020	PRESENT YEAR	ELECTRICAL EN	IGINEER	VISAYA'S S	TATE UNIVERSITY	33,584.00		CONTRACTUAL	YES
12/1/2015	3/30/2016	ON THE JOB TI	RAINEE	CABADBARAN CITY	HALL ENGINEERING OFFICE	N/A	N/A	N/A	N/A
6/1/2017	8/18/2017	ON THE JOB TI	RAINEE		TWOOD DEVELOPMENT N CSDC-TALACOGON	N/A	N/A	N/A	N/A
7/21/2018	9/11/2019	CADET ENGI	NEER	LMA TRADI	LMA TRADING AND SERVICES			CASUAL	NO
SIGN	ATURE			ntinue on separate sheet	if necessary) DATE		Santom	per 1,2021	
SIGN	AIUKE		\bigcirc	2	DATE		Septem	JUI 1,2U2 I	17) Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
VII I FARNING AND DEVEL OPMENT (I &D)		tinue on separate s)			
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
CONSTRUCTION OCCUPATIONAL S.	AFFTY AND HFAI TH	From 3/15/2019	To 3/19/2019	40 HRS	TECHNICAL	J3 TRAINERS AND CONSULTANT INC.	
ELECTRICAL SAFETY FOR INDU		3/1/2021	3/1/2021	3 HRS	TECHNICAL	MEPF ORGANIZATION	
HOW TO BECOME AN EFFEC		4/18/2021	4/18/2021	3 HRS	SUPERVISORY	IIEE NATIONAL	
EFFECTIVE GROUNDING ON		6/12/2021	6/12/2021	6 HRS	TECHNICAL	IIEE NATIONAL	
SWITCHGEAR TESTING EQUIPMI	ENT SIMULATION	3/13/2021	3/13/2021	3 HRS	TECHNICAL	IIEE NATIONAL	
MEDIUM VOLTAGE CABLE SPLICING	S AND TERMINATION	3/13/2021	3/13/2021	4 HRS	TECHNICAL	IIEE ORGANIZATION BOHOL CHAPTER	
BASIC GRID TIE SOLAR DESIGN FOR INDUSTRIAL AND COMMERCIAL			3/8/2021	3 HRS	TECHNICAL	MEPF ORGANIZATION	
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN		NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
ELECTRICAL INSTALLATION AND	(write iii tuii) (varite ii						
MAINTENANCE	HEAD TRAINER-Sports, Music, Art and Recreational Training (SMART)					IIEE ORGANIZATION BUTUAN-AGUSAN CABADBARAN CITY FOOTBALL CLUB (
AUTOCAD	CCFC)						
SKETCH-UP							
MS-WORD,EXCEL AND POWERPOINT							
SPORTS (FOOTBALL etc.)							
	(Con	tinue on separate :	sheet if necessary				
SIGNATURE		> 0		DA	ATE	September 1,2021	

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? b. within the fourth degree (for Local Government Unit - Ca	_	✓ NO ✓ NO Is:				
35. a. Have you ever been found guilty of any administrative of	☐ 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, out (abolition) in the public or private sector?	end of term, finished contract or phased	☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local e Barangay election)?	lection held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?					
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) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES If YES, please specif ☐ YES If YES, please specif ☐ YES If YES, please specif	✓ NO iy ID No: ✓ NO				
41. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)					
NAME	ADDRESS	TEL. NO.				
Engr. Marion G. Burlas	Visayas State University	9176341520	25			
Engr. Mario Iilio P. Valenzona	Visayas State University	9176341514				
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 Government Issued ID: ID/License/Passport No.: 68591	ox)					
Date/Place of Issuance: 5/23/2018		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	h					