CS Form No. 212 Revised 2017								
NEVISCA ZOI.	PERSO	NAL DAT	A SH	IEET	Γ			
concerned.	tion made in the Personal Data Sheet and the	·		•		riminal case/s ag	gainst the per	rson
	TO FILLING OUT THE PERSONAL DATA SHE  ( ) and use separate sheet if necessary. Indicate N				1. CS ID No.	·	(Do not fill up. '	For CSC use only)
I. PERSONAL INFORMATION		Л II Пос арриосс.	JUNE		11-00		(24.1	0132
2. SURNAME	CABALLERO							
FIRST NAME	MARIBEL					NAME EXTENSION (JR	, SR)	
MIDDLE NAME	LAPARA							
DATE OF BIRTH     (mm/dd/yyyy)	11/22/1999	16. CITIZENSHIP		✓ Filipir	no	Dual Citizenship  by birth	by naturaliz	ization
4. PLACE OF BIRTH	BAYBAY HOSPITAL	If holder of dual citizen	• •	Pls. indicate country:				
5. SEX	☐ Male ✓ Female	please indicate the de	tails.	ls.				
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	House/Block/Lot No.			F	Street PANGASUGAN Barangay	
7. HEIGHT (m)	1.5			bdivision/Village BAYBAY ity/Municipality			LEYTE Province	
8. WEIGHT (kg)	53	ZIP CODE		17/1/				
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hou	ıse/Block/Lot No	0		Street	
10. GSIS ID NO.	N/A		Sul	Subdivision/Village		PANGASUGAN Barangay		
11. PAG-IBIG ID NO.	1213-1013-2218				BAYBAY /Municipality		LEYTE Province	
12. PHILHEALTH NO.	13-202845625-9	ZIP CODE		6521				
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A		
14. TIN NO.	619-706-686-000	20. MOBILE NO.			08	9465293071		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		caba	<u>llleromari</u>	bel789@gma	ail.com	
II. FAMILY BACKGROUND	1							
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHIL	`		list all)		TH (mm/dd/yyyy)
FIRST NAME	N/A	NAIVIE EXTENSION (U.C., ST.)	N/A N				N/A	
MIDDLE NAME	N/A	!					<b></b>	
OCCUPATION	N/A	!	<b></b>				<b></b>	
EMPLOYER/BUSINESS NAME	N/A	!					<b></b>	
BUSINESS ADDRESS	N/A						<b></b>	
TELEPHONE NO.	N/A						<u> </u>	
24. FATHER'S SURNAME	CABALLERO	NAME EXTENSION (JR., SR)	<b></b>					
FIRST NAME	JAIME	NAME EXTENSION (Jr., Sr.)					<u> </u>	
MIDDLE NAME	ABANAG		<b></b>				<u> </u>	
25. MOTHER'S MAIDEN NAME							<u> </u>	
SURNAME	LAPARA		<u></u>				<u> </u>	
FIRST NAME	MA. VILLA		<u> </u>				<u> </u>	
MIDDLE NAME	GUMBA			(Co	ontinue on ser	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGR	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PANGASUGAN ELEM. SCHOOL			From 2006	To 2012		2012	CONSISTEN T HONOR
	VISAYAS STATE LINIVERSITY LABORATORY HIIGH				$\vdash$			THUNOR

III. EDUCATIONAL BACKGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS		
	,		From	То	<ul> <li>(if not graduated)</li> </ul>		RECEIVED		
ELEMENTARY	PANGASUGAN ELEM. SCHOOL		2006	2012		12012	CONSISTEN T HONOR		
JUNIOR HIGH	VISAYAS STATE UNIVERSITY LABORATORY HIIGH SCHOOL		2012	2016		2016	N/A		
SENIOR HIGH	VISAYAS STATE UNIVERSITY SENIOR HIIGH SCHOOL UNIT		2016	2018		2018	N/A		
COLLEGE	VISAYAS STATE UNIIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2018	2022		2022	CUM LAUDE		
GRADUATE STUDIES	COLLEGE OF MAASIN	MASTERS OF PUBLIC ADMINISTRATION	2023	PRESENT					
(Continue on separate sheet if necessary)									

SIGNATURE

October 11, 2023

DATE

IV. CIVIL SERVICE ELIGIBILITY									
				DATE OF				LICENSE (if applicable)	
CDECIAL LAWICLCECLCCEE			RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINATION / CON			RMENT	NUMBER	Date of Validity
		TE ELIGIBILTY		March 31, 2023				37	08/12/2022
1101	VOIT GIVIDON	TTE ELIGIBIET I		March 31, 2023				31	00/12/2022
			(Co	ntinue on separate sheet	if necessary)				
V. WORK EX									
	te employmen SIVE DATES	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
	/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY l/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То					INCREMENT		(Y/ N)	
01/07/2023	PRESENT	AMINISTRATIVI	E AIDE III	UNI	FICE, VISAYAS STATE VERSITY			JO	YES
02/01/2023	06/30/2023	AMINISTRATIVE	E AIDE III	UNI	FICE, VISAYAS STATE VERSITY			JO	YES
10/10/2022	12/31/2022	ADMINISTRATIV	/E AIDE 1		FICE, VISAYAS STATE VERSITY			JO	YES
						_			
0/01/1				ntinue on separate sheet				0-1-1 - 44 0000	
SIGNA	IUKE		XM		DATE		C	October 11, 2023 S FORM 212 (Revised 2	017), Page 2 of 4
			U				01	2.2 (1.04000 2	,,, . ago 2 01 4

VI. VOLU	NTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO	DLUNTARY O	RGANIZATION	V/S	
29.	NAME & ADDRESS OF OF (Write in full)		INCLUSI\ (mm/di		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A							
VII. I FAR	RNING AND DEVELOPMENT (I &D)		tinue on separate s				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PRO  30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS  (Write in full)		INCLUSIVE DATES OF		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
			From	То		Technical/etc)	
<b>N</b> Webinar on Agencies (N	Briefing on electronic Tax Remittance Advic NGAs)	e (eTRA) for National Government	03/23/2023	03/23/2023	4		
VIII OTH	ER INFORMATION	(Con	tinue on separate s	sheet if necessary)			
31.	SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	ICTIONS / RECOGI	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER SKILLS		N/A				N/A
		10-	tinue on separate s	shoot if necessary			
	SIGNATURE	XV (Con	шие он separate s	meet ii necessary)		ATE	October 11, 2023
		<u> </u>			l.		CS FORM 212 (Revised 2017), Page 3 of

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - 0)	☐ YES ☑ NO ☐ YES ☑ NO						
	b. Within the fourth degree (for Eocal Government office	If YES, give details	<del></del> -					
35.	a. Have you ever been found guilty of any administrative	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 any court or tribunal?	☐ YES ☑ NO If YES, give details:						
	Have you ever been separated from the service in any of dropped from the rolls, dismissal, termination, end of term in the public or private sector?	n, finished contract or phased out (abolition)	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local Barangay election)?		☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during election to promote/actively campaign for a national or lo	☐ YES ☐ NO  If YES, give details:						
39.	Have you acquired the status of an immigrant or permand	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897	· ·						
a.	Are you a member of any indigenous group?	YES If YES, please specify	√ NO					
b.	b. Are you a person with disability?			YES NO If YES, please specify ID No:				
C.	Are you a solo parent?			NO ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)						
	NAME	ADDRESS	TEL. NO.					
	NICK FREDDY R. BELLO	VISCA, BAYBAY CITY, LEYTE						
	LOUELLA C. AMPAC	VISCA, BAYBAY CITY, LEYTE						
42.	I declare under oath that I have personally accomplise complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized repragree that any misrepresentation made in this deadministrative/criminal case/s against me.	rtinent laws, rules and regulations of the esentative to verify/validate the contents state	Republic of the ed herein.	РНОТО				
P	iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  **LEASE INDICATE ID Number and Date of Issuance**  overnment Issued ID: PHILHEALTH ID							
ID/License/Passport No.: 13-202845625-9 Signature (Sign inside the both			ox)					
D	ate/Place of Issuance: BAYBAY CITY, LEYTE	- ,	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued	government ID as indicated above.				
		h						