CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE.	T				
	tion made in the Personal Data Sheet and the	Work Experience Sheet sha	all cause the	filing of add	ministrative/	criminal case/s a	gainst the pe	rson	
	TO FILLING OUT THE PERSONAL DATA SHEE	나는 사람들은 그들이 아름이 되었다. 하는 사람들이 살아 있는 것이 없는 것이 없는 것이 없는 것이다.		PDS FORM					
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATIO	( ) a use separate sheet if necessary. Indicate N	A if not applicable. DO NOT AB	BREVIATE.		1 CS ID No.		(Do not fill up. I	For CSC use only)	
2 SURNAME	CAPILI								
FIRST NAME	The state of the s					NAME EXTENSION (JE	L, SR)		
	ORLAN		-	-		15	<b>K</b>		
MIDDLE NAME  3. DATE OF BIRTH	CABATINGAN								
(mm/dd/yyyy)	07/04/1977	16. CITIZENSHIP		<b>☑</b> Filip	pino	Dual Citizenship	_		
4. PLACE OF BIRTH	CARMEN CEBU	If holder of dual citizer	enship. Pls. in				birth by naturalization indicate country:		
		please indicate the de		-	-	ris, indicate c	ountry.		
5. SEX	Male Female							Y	
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17 RESIDENTIAL ADDRESS	VSU F	use/Block/Lot I	3 VILL-		Street PANCA P Barangay	SUGH	
7. HEIGHT (m)	1.77			BAYBAY CITY	4	313.5	LEYTE		
8. WEIGHT (kg)	7461	ZIP CODE		City/Municipality	У	6521	Province	3 (4)	
9. BLOOD TYPE		18. PERMANENT ADDRESS			Har		ACT I THE	-	
	16'	in a lumber s	Ho	use/Block/Lot !	Vo.	Do	Street	Tr	
10. GSIS ID NO.	10/4	Section Street on 10 1		ubdivision/Villag		PR	WIS NOR Barangay	IE.	
11. PAG-IBIG ID NO.	nn03563686	The Late Control		LARMEN City/Municipality	<u> </u>	Cold Cold	Province		
12. PHILHEALTH NO.	12-050385416-9	ZIP CODE		6005					
13. SSS NO.	0418587258	19. TELEPHONE NO.	^	S/A					
14. TIN NO.	466-539-060-000	20. MOBILE NO.	0963	2650	0465				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE OF THE	CHAL	- COM			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	CAPIH		23. NAME of Ch	HILDREN (Writ	te full name and	l (ist all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	ALMIRA	NAME EXTENSION (JR., SR)	ARVIE	E C.C	APIN		10/19/1	1007	
MIDDLE NAME	CABRALES		110				15/15/1		
OCCUPATION	FOOD ATTENDANT								
EMPLOYER/BUSINESS NAME	VSU								
BUSINESS ADDRESS	VISCA BAYBAY CITY	LEYTE							
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	CAPIN								
FIRST NAME	MAYIMINO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	ESCOTON	NIF							
25. MOTHER'S MAIDEN NAME									
SURNAME	CAPIN								
FIRST NAME	ENANCIETHE								
MIDDLE NAME	CABATINGAN			(0	Continue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG									
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	DAWLS LIORTE ELEMENTHY SCHOOL	ELEMENTARY		1986	1992		1992	RECEIVED	
SECONDARY	CARMEN MATTO VIAL HIGH SCHOOL	HIGH SCHOOL	-	1993	1999		1999		
VOCATIONAL / TRADE COURSE	NIL	MIK		ALL	NIA	NIK	MK	AlA	
-COLLEGE	CEBU TECH NOLOGICAL	COVIECE		7000	2003		2003	Ava.	
GRADUATE STUDIES	MINERSITY	MIX		MA	MA	MIX	Alk	ALA	
		ontinue on separate aheet if nece.	anacy)	I valu	12/14		7417	n,	
SIGNATURE	Quety'		William State	Di	ATE	06/18/	7071		

		80 (BOARD/BAR) UNDER	PATING	DATE OF				LICENSE (if ap	plicable)
	7 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		THE R. P. LEWIS CO., LANSING MICH. 401, 181, 181, 181, 181, 181, 181, 181, 1	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of Validity
Coppet who	N/A	newsonal entripological entries	MA	HIA HIA		Charles I	er di Bake	4/4	12/1-
		Lakelon kin	NECKTE POSP	PANCODA RECOSARS E	SECURE AND DRIVE	mercho letral ex	TO INDEXE	CHET MILES TO	ATLA YOU
							THE U.S.		
	LAIR.								WIII
				350-1					STORY OF
NEWSTERN STREET	-C	vO			Y		201+ O		
	XPERIENCE			ontinue on separate sheet					
ST POST BOOK	te employment	L. Start from your recen	t work) Descriptio	n of duties should be	indicated in the attached	Work Exper	SALARY/ JOB/ PAY		
(mr	n/dd/yyyy)	POSITION 1 (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV SERVI
From	50 20/2012	SCIENCE RE	SEARCH	INSTITUTE OF	THUTE OF TROPICAL ECOLOGY		MIK	JOB	YE
-	11/30/2014	LABORER		DEPARTMENT	OF PLANT HUD GENETICS	7880	Alk	JOB ORDER	YE
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18 7007	07/10/2009	LINEMAH IH	STALLETZ	JONES STI	ZEET CEBU	3,600	A/A	COXITINATION	N
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			(0	Continue on separate sheet	lf necessary)				
SIGNA	ATURE	Church	7		DATE	06/1	18/202	J GS FORM 212 (Revised )	

VI. VOLUNTARY WORK OR INVOLVEM	ENT IN CIVIC / NON-GOVERNMENT	PEOPLE / VC	LUNTARY OR	GANIZATION/	s		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
Photogram with the second		From	То			TOSTICITY INCIDITE OF WORK	
N/A	Melap sale 221	MIX	A)A	NIA	Uninne	N/A	
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	elidebasig day's						
- L	anetol rivin 33Yn	-		1	SE WINESKI	SOURCEMENT TRUITED TO THE TANK OF THE	
	be 1 mcO						
VII. LEARNING AND DEVELOPMENT (L.	(Co &D) INTERVENTIONS/TRAINING PR	ntinue on separate OGRAMS ATT	sheet if necessary				
(Start from the most recent L&D/training program and	include only the relevant L&Ditraining taken for	rthe last five (5) ye	ars for Division Ch	lefExecutive Mana	gerial positions)		
30. TITLE OF LEARNING AND DEVELOPMEN (Write	T INTERVENTIONS/TRAINING PROGRAMS in full)	ATTEN (mm/c	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
150 9001 2015 AWAREND	S / REAWARE NESS	11/27/2020	1000	3	Alk	VISKY STATE UNIVERSITY	
PUCIOSE CORAL TAXONOMY	THO INTROCOUCTION OF	1	05/03/249	2	MA	YISAYAS STATE UNINERSITY	
CRTR METHOD AND I DENT FAMILY FUNGINA	TFICATION OF		04/10/2019	2	MIX	YISAHA STATE CHARGETY	
PARTICIPATORY COASTAL RESO	WHITE ACCECS MENT	District No. 16 of the	11/36/298	16	4/4	INOPACAN, LEYTE	
PURA HABITAT ASS	essheuts		न्त्र यह रेवड		NA	BAY BAY CITY, LEYTE	
PARTICIPATORY COASTAL ICE	COUNCE ASSESSMENT	u 04 7015		24	MIA	BAY BAY - MATALOM	
TRAININ COURCE OF FERD, TE	sping knd health	1	नावाधिक वि	40	#  #	SOUTHEAST ASIAU FISHERIES DEVELOPMENT CENTER	
	IAN I	TODES I DE	es judiche	O emptha log	THE DOT	EBICAL STREET CANADA	
No. Co.	See See File				Walter.	Luararibasan Luaran Luaran Luaran	
	- If YES, pears speary						
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The extreme of	corporate value	(Q2.25 - 20.2)					
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	to mileti auc ter	Callier too.	in all tribal	rosanomida de		ad sures and muscling Lyane con-	
ALL DELICED LEGISLATION	Cont	inuo en separate a	hoot If necessary).				
/III. OTHER INFORMATION	MAN	ACADEMIC DISTIN	OTIONS I DECOME				
31 SPECIAL SKILLS and HOBBIES	32.	(Write	CTIONS / RECOGN in full)	HION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DHING	ALLA PROFESSIONAL ASSOCIATION OF DIVING INSTRUCTORS						
PMMBING	150 40 4004 7					10 1401401 1000	
CARPEUTRY	1450 G	ON TOTAL					
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MENDIOG							
	1						
	(Cont	inue on seperate al	wel if necessary)				
SIGNATURE	Quest.			DAT	E	06/18/2021	

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed,						
a. within the third degree?	YES NO					
b. within the fourth degree (for Local Government Unit - C	☐ YES ☑ NO If YES, give details:					
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					
36. Have you ever been convicted of any crime or violation of any court or tribunal?	any law, decree, ordinance or regulation by	YES NO If YES, give details:				
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
<ul><li>a. Have you ever been a candidate in a national or local endeaning and a second or loc</li></ul>	☐ YES ☐ NO  If YES, give details: ☐ YES ☐ NO					
election to promote/actively campaign for a national or loc		If YES, give details:				
39. Have you acquired the status of an immigrant or permane	☐ YES ☑ NO If YES, give details (country):					
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897);</li> <li>Are you a member of any indigenous group?</li> </ol>	lagna Carta for Disabled Persons (RA 2), please answer the following items:	YES P NO				
Are you a person with disability?  Are you a solo parent?	If YES, please specify:  YES  NO  If YES, please specify ID No:  YES  NO  If YES, please specify ID No:					
A1 DEFEDENCES (Dans and all the last and	And the Control of the State of	ii 125, please specify ID (40.				
41. REFERENCES (Person not related by consanguinity or affinity to applical NAME						
	ADDRESS	TEL. NO.				
DR. ELIZA D. ESPINOSA	VISAYAS STATE UNDESITY	563-4097				
DR. HUMBERTO R. MOUTES JR.	VISAHS STATE UNHERSITY					
pr. Jose L. Bacusmo	VISAYIS STATE ULINEIZHY	503-7458				
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized repre agree that any misrepresentation made in this do administrative/oriminal case/s against me.	inent laws, rules and regulations of the sentative to verify/validate the contents state	Republic of the				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Roma day bernayida ilganiya i					
Government Issued ID: PHIL (YEALTH ID/License/Passport No.: 12 - 050 385416-9	Signature (Sign inside the bu	w)				
Date/Place of Issuance: BAYBAY CITY, LEYTE	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	g his/her validly issued government ID as indicated above.				
	Person Administering Oath					
Translating State State		CS FORM 212 (Revised 2017) Pana 6 c				