CS Form No. 212 Revised 2017	PERS	ONAL DAT	'Δ SH	IEE	r			
	ation made in the Personal Data Sheet and	•		•		minai case/s agai	nst the perso	n concernea.
	TO FILLING OUT THE PERSONAL DATA SEED ) and use separate sheet if necessary. Ind			PDS FORM.	1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATION								
2. SURNAME	Jamin							
FIRST NAME	Irah May		NAME EXTENSION (JR., SR)					
MIDDLE NAME	Ebina							
DATE OF BIRTH     (mm/dd/yyyy)	12/27/1998	16. CITIZENSHIP	<b>☑</b> Filipino			☐ Dual Citizenship ☐ by birth ☐ by naturalizat		ation
4. PLACE OF BIRTH	Naval, Biliran	If holder of dual citiz	enship,			Pls. indicate		
5. SEX	☐ Male	please indicate the	etails.					-
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS						
	☐ Widowed ☐ Separate	ed	Ног	House/Block/Lot No.			Street San Pablo	
	Other/s:		Su	ıbdivision/Villag Naval	9		Barangay	
7. HEIGHT (m)	1.52		C	Navai City/Municipality		Biliran Province		
8. WEIGHT (kg)	65	ZIP CODE				6543		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hou	use/Block/Lot N	0		Street	
10. GSIS ID NO.	N/A					San Pablo		
11. PAG-IBIG ID NO.	121275929911		Subdivision/Village Naval		9	Barangay <b>Biliran</b>		
12. PHILHEALTH NO.	132026337120	ZIP CODE	City/Municipality			Province		
			6543		NIA			
13. SSS NO.	35-1449396-4	19. TELEPHONE NO.	N/A					
14. TIN NO.	771-847-543	20. MOBILE NO.	09453380112					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			<u>irahjamin</u>	21@gmail.co	<u>om</u>	
II. FAMILY BACKGROUND							ı	
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	23. NAME of CHILDREN (Write full name and list all)		ist all)		
FIRST NAME		THANKE EXTENDION (U.K., ON)			N/A		N/A	
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	Jamin							
FIRST NAME	Ireneo	NAME EXTENSION (JR., SR)						
MIDDLE NAME	Pateo							
25. MOTHER'S MAIDEN NAME								
SURNAME	Ebina							
FIRST NAME	Maryler	ie						
MIDDLE NAME	Delos Sar	itos		(0	Continue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACK	GROUND					ı	1	T
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP, ACADEMIC HONORS RECEIVED
ELEMENTARY	San Pablo Elementary School	Basic Educatio	n	2005	2011		2011	valedictoria
SECONDARY	Naval School of Fisheries	Basic Edducation	on	2011	2015		2015	salutatorian
VOCATIONAL / TRADE COURSE	N/A		·					
COLLEGE	Visayas State University	Bachelor of Science in Agrica	Bachelor of Science in Agricultural Chemistry		2020	1	2020	DOST-SEI

	ERVICE ELIG	IBILITY								
27. CAREE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
CHEMIST LICENSURE EXAM PASSER			73.8	10/17-18/2022	10/17-18/2022 TACLOBAN CI			0015252	2022-2025	
LICENSE CHEMICAL TECHNICIAN			82.0	10/10/2019 CEBU CITY				0003773	2019-2022	
CIVIL SERVICE ELIGIBILITY-PROFESSIONAL LEVEL			81.21	03/17/2019 ORMOC CITY				N/A	N/A	
			(Conti	l nue on separate sheet if r	necessary)					
	XPERIENCE ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper		et.		
8. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITL (Write in full/Do not abb			DEPARTMENT / AGI (Write in full	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)			
99/04/2023	To PRESENT	LABORATORY /	ANALYST	PHILIPPINE ASSO	33000.00	N/A	REGULAR	N		
03/09/2023	09/02/2023	LABORATORY A	ANALYST	PHILSAGA MIN	24000.00	N/A	REGULAR	N		
01/10/2022	04/08/2022	LABORATORY TE	CHNICIAN II	DEPARTMENT (	18000.00	N/A	JO-COS	Y		
08/02/2021	12/31/2021	LABORATORY TE	CHNICIAN II	DEPARTMENT (	16000.00	N/A	INSTITUTIONA I	Y		
10/05/2020	02/26/2021	INSTRUCT	OR	REGIONAL SOILS LABORATORY DEPARTMENT OF PURE AND APPLIED CHEMISTRY VISAYAS STATE UNIVERSITY		15000.00	N/A	PART-TIME	Y	
SIGNA	ATURE	Λ	(Conti	nue on separate sheet if i	necessary) DATE		2	2/02/2025		

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVER	RNMENT / PEC	OPLE / VOLUN	ITARY ORGAI	VIZATION/S			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A	From	То						
			parate sheet if nec					
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)					Executive/Manageria	al positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTO PROGRAMS	ATTEN	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)			
WATER ANALYSIS TECHNIQU	JES	08/28/2024	08/29/2024	16	TECHNICAL	NANOTECH ANALYTICAL SERVICES AND TRAINING CORPORATION		
ENVIRONMENTAL MONITORING IN FOC	D INDUSTRY	08/28/2024	08/28/2024	4	TECHNICAL	DOST-REGION IV (CALABARZON)		
SEMINAR ON HAZARDOUS WASTE MA	08/21/2024	08/21/2024	4	TECHNICAL	DOST-REGION IV (CALABARZON)			
INTRODUCTION TO OCCUPATIONAL SAFE	07/17/2024	07/17/2024	4	TECHNICAL	DOST-REGION IV (CALABARZON)			
IMPLEMENTATION OF THE STANDARD OPERATION ELECTRICAL CONDUCTIVITY (SOILM		12/14/2021	12/14/2021	2	TECHNICAL	GLOBAL SOIL LABORATORY NETWORK		
HANDLING AND PREPARATION OF SOIL SAMPLE PHYSICAL ANALYSES	S FOR CHEMICAL AND	12/06/2021	12/06/2021	2	TECHNICAL	GLOBAL SOIL LABORATORY NETWORK		
WEBINAR ON THE DETERMINATION OF SOIL PHO METHOD		12/01/2021	12/01/2021	2	TECHNICAL	GLOBAL SOIL LABORATORY NETWORK		
ORGANIC CARBON (WALKLEY AND BLACK: TITRAT	11/17/2021	11/17/2021	3	TECHNICAL	GLOBAL SOIL LABORATORY NETWORK			
IMPLEMENTATION OF THE STANDARD OPERAT SATURATED SOIL PASTE EXTI		11/09/2021	11/09/2021	2	TECHNICAL	GLOBAL SOIL LABORATORY NETWORK		
(Continue on separate sheet if necessary)								
VIII. OTHER INFORMATION  31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION  32. (March: in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
N/A	V/A (Write in full)					N/A		
	(0 - "							
SIGNATURE	Ja	(Continue on separate sheet if necessary)  DA7		ATE	22/02/2025			

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed,							
a. within the third degree?		☐ YES ☑ NO	)				
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES ☑ NO					
3	If YES, give details:	,					
35. a. Have you ever been found guilty of any administrative of	fense?	☐ YES ☑ NO	)				
		If YES, give details:					
			10				
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 a	ny law. decree. ordinance or regulation						
by any court or tribunal?	, , , , , , , , , , , , , , , , , , , ,	☐ YES ☑ NO If YES, give details:					
		ii 123, givo dotalio.					
27. Have you are been consisted from the convice in any of the	a fallouing mades, resignation						
<ol> <li>Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e</li> </ol>		☑ YES ☐ NO If YES, give details:					
out (abolition) in the public or private sector?	,	Resignation and end contract					
38. a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	∏ YES 🔽	1 NO				
Barangay election)?		☐ YES ☑ NO If YES, give details:					
b. Have you resigned from the government service during t	he three (3)-month period before the last	☐YES [7	] NO				
election to promote/actively campaign for a national or loca	If YES, give details:						
39. Have you acquired the status of an immigrant or permanen		1					
,	☐ YES ☑ NO If YES, give details (country):						
		ii 120, give details (cod	mu y).				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons (RA		-				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)							
a. Are you a member of any indigenous group?		☐ YES ☑ NO					
		If YES, please specify:					
b. Are you a person with disability?		☐ YES ☑ NO					
c. Are you a solo parent?		If YES, please specify ID No:					
Ale you a solo parent:		☐ YES ☑ NO If YES, please specify ID No:					
A1 DEFENDENCE (Description of the later)	/						
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
NAME	ADDRESS	TEL. NO.					
MA. KRIS V. TOLENTINO	DEPARTMENT OF AGRICULTURE RFO8	9171764150					
JONAMEL C. JALANDONI	PHILIPINES ASSOCIATED SMELTING	9190903526					
JONAMIEL C. JALANDONI	AND REFINING CORPORATION	9190903320					
JACOB GLENN F. JANSALIN	VISCA, BAYBAY CITY, LEYTE	9267490881					
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.)	Λ .						
PLEASE INDICATE ID Number and Date of Issuance							
Government Issued ID: PRC							
ID/License/Passport No.: 0015252	Signature (Sign inside the bo	ox)					
Date/Place of Issuance: TACLOBAN CITY		Right Thumbmark					
	Date Accomplished						
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
l							
	Person Administering Oatl	h					