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 concerned. 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 NI/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)									
PERSONAL INFORMATION		N/A il flot applicable. DO NO	ADDREVIATE		1. C3 ID NO.		(Do not iiii up. i	or coc use orily)	
2. SURNAME	NAVELINO								
FIRST NAME	RALPH					NAME EXTENSION (JR	., SR)		
MIDDLE NAME	COLAR								
3. DATE OF BIRTH	5/5/1986	46 CITIZENGUID							
(mm/dd/yyyy)		6. CITIZENSHIP			by naturalization				
4. PLACE OF BIRTH	Naga City	If holder of dual citizer				country:			
5. SEX	✓ Male Female	piease iliuicate trie de	please indicate the details.					•	
6 CIVIL STATUS	✓ Single Married Widowed Separated			BLOCK 17 se/Block/Lot No. ODERN VILLE.			HORNET ST. Street SAN JOSE		
	U Other/s:			bdivision/Village		Barangay			
7. HEIGHT (m)	1.68 m		Ci	PILI ity/Municipality		C.A	MARINES SUR Province		
8. WEIGHT (kg)	75 kg.	ZIP CODE				4418			
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS		BLOCK 17			HORNET ST. Street		
0. GSIS ID NO.	02004354569		МС	use/Block/Lot No. MODERN VILLE.			SAN JOSE		
1. PAG-IBIG ID NO.	050238411308		Sut	bdivision/Village PILI			Barangay CAMARINES SUR		
			Ci	ity/Municipality		Province			
2. PHILHEALTH NO. 3. SSS NO.	10-050119287-7 N/A	ZIP CODE 19. TELEPHONE NO.		N/A			4418		
4. TIN NO.	278-288-110-000 20. MOBILE NO. 0910415943								
5. AGENCY EMPLOYEE NO.	4637966	4637966 21. E-MAIL ADDRESS (if any) <u>ralph.navelino@gmail.com</u>							
I. FAMILY BACKGROUND									
2. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	IE of CHILDREN (Write full name and list all) N/A			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	Think Bright Greek, Grey		IVA			N	I/A	
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
4. FATHER'S SURNAME	NAVELINO	NAME EXTENSION (JR., SR)							
FIRST NAME	WILFREDO	NAME EXTENSION (JR., 3N)							
MIDDLE NAME	ADRESOLA								
5. MOTHER'S MAIDEN NAME	COLAR								
SURNAME	NAVELINO								
FIRST NAME	LEONORA								
MIDDLE NAME	ELVIRA (Continue on separate sheet if n				parate sheet if neces	sary)			
II. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP/	
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	EVANGELICAL CHRISTIAN SCHOOL	PRIMARY EDUCATION		6/15/1993	3/30/1999	GRADUATED	1999	N/A	
SECONDARY	ATENEO DE NAGA UNIVERSITY	HIGH SCHOOL		6/5/1999	3/30/2003	GRADUATED	2003	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	ATENEO DE NAGA UNIVERSITY	BACHELOR OF SCIENCE IN SECONDAR EDUCATION-SOCIAL STUDIES		6/5/2003	10/28/2008	GRADUATED	2008	N/A	
GRADUATE STUDIES	PARTIDO STATE UNIVERSITY	MASTER IN EDUCATION I	GEMENT	11/10/2013	3/30/2016	GRADUATED	2016	N/A	
SIGNATURE	(Continue on separate sheet if necessary)				TE		July 14, 2021		

IV. CIVIL S	ERVICE ELIG	GIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFEE	DMENIT	LICENSE (if ap		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	TEACE OF EXAMINA	TION CON EI	WENT	NUMBER	Date of Validity	
LET		79.81	4/1/2009	LEGAZ	PI CITY		1031570	7/8/2009	
			(Co.	ntinue on separate sheet	if necessary)				
	XPERIENCE								
	rate employme JSIVE DATES	ent. Start from your recei	nt work) Descriptio	on of duties should	be indicated in the attach	ned Work Ex	SALARY/ JOB/ PAY	et.	
	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То						INCREMENT		
6/13/2016	PRESENT	TEACHER			OR HIGH SCHOOL PO NATIONAL HIGH	28276.00	1	PERMANENT	Y
5/5/2013	6/12/2016	TEACHE		s	CHOOL STATE UNIVERSITY OF	18549.00	1	PERMANENT	Y
6/2/2010	3/30/2013	PART TIME INS		AGRICULTU	RE-MAIN CAMPUS DE STA. ISABEL PILI	13500.00	0	PART TIME PROBATIONA	Y
5/26/2009	3/30/2010	TEACHE	ER		AMPUS	9500.00	0	RY	N
			(Cor	ntinue on separate sheet	if necessary)				
SIGNA	ATURE		-		DATE		July 14, 2021		
		1					C	S FORM 212 (Revised 20	17) Page 2 of 4

/I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF OR (Write in full)	GANIZATION		/E DATES ld/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK			
AMATEUR COMMUNICATORS AND EMERGENCY SERVICES, INC			N/A	N/A		CIVIC OPERATION		
AUL LEADAING AND DEVELOPMENT (LOD)		uue on separate sh						
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include				ief/Executive/Mana	gerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)	RVENTIONS/TRAINING PROGRAMS	ATTEN	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
SEMINAR ON GENDER AND DEVELOPMENT AND SO	CHOOL DISASTER MANAGEMENT	12/21/2016	12/22/2016	16.0	MANAGERIAL	PILI DISTRICTS SECONDARY SCHOOLS		
IMPROVING STUDENT'S ACHIEVEMENT THROUGH (AND MATERIALS	CREATIVE TEACHING STRATEGIES	10/29/2016	10/30/2016	16.0	MANAGERIAL	SCHOOLS ADMIN OF PILI		
CONDUCT OF THE REGIONAL SHS MASS TRAINING COMMON TOPICS (SOCIAL SCIENCE)	OF GRADE 11 TEACHERS ON	6/8/2016	6/11/2016	88.0	SUPERVISORY	DEPED REGION V		
CONDUCT OF THE REGIONAL SHS MASS TRAINING ACADEMIC TRACK (HUMSS - Social Science)	OF GRADE 11 TEACHERS ON	6/27/2016	7/30/2016	144.0	SUPERVISORY	DEPED REGION V		
DIVISION SPORTS CLINIC DECENTRALIZED TRAINII	NG FOR COACHES AND OFFICIALS	8/25/2017	8/27/2017	24.0	TECHNICAL	DEPED CAM SUR		
DIVISION SPORTS CLINIC DECENTRALIZED TRAINII	NG FOR COACHES AND OFFICIALS	8/17/2018	8/19/2017	24.0	TECHNICAL	DEPED CAM SUR		
VIII. OTHER INFORMATION	(Contir	nue on separate sh	eet if necessary)	_	_			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO 32. (Midta in full) 33. (Midta in full)							
COMPUTER LITERATE	(Write in full) N/A BOYSCOUT OF THE PHILIPPINES							
JOHN OTER EITERATE		LIGA NG MGA GURO SA ARALING						
						PANLIPUNAN ATHLETIC ASSOCIATION OF CAMARINES		
						SUR		
	(Contin	nue on separate sh	neet if necessary)					
SIGNATURE	· · · /	9		Di	ATE	July 14, 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 - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offe	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 arby any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	YES NO If YES, give details:						
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	ction held within the last year (except	☐ YES If YES, give detail	✓ NO ls:				
	b. Have you resigned from the government service during th election to promote/actively campaign for a national or local	☐ YES ✓ NO 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),							
a.	Are you a member of any indigenous group?	YES VO If YES, please specify:						
b.	Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:						
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)						
	NAME	ADDRESS	TEL. NO.					
	DR. GENARO N. DEMESA, JR.	BINANUAANAN PILI CAMARINES SUR	9126177483	(3.6)				
	ANDREA M. DEUDA	SAN VICENTE PILI CAMARINES SUR	9187382577					
	JHAY-EM RODRIGUEZ	GOA, CAMARINES SUR	9127293200					
42.	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. agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	4 - 4						
	overnment Issued ID: GSIS ID NO. 02004354569							
ID	/License/Passport No.: PRC ID NO. 1031570	ox)						
Da	ate/Place of Issuance: 07/26/2019/ LEGAZPI CITY		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit exhi		d government ID as indicated above.				
								