## 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. 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. **CAYUBIT** 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME NIEL JR. MIDDLE NAME **TEVES** 3. DATE OF BIRTH 16. CITIZENSHIP ☐ Dual Citizenship (mm/dd/yyyy) ☑ Filipino 07/11/1996 $\square$ by birth $\square$ by naturalization 4. PLACE OF BIRTH BAHAY, SIBONGA, CEBU If holder of dual citizenship, Pls. indicate country: please indicate the details. ✓ Male ☐ Female 5. SEX **R. BACALTOS** ☐ Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed ☐ Separated **POBLACION** ☐ Other/s: Subdivision/Village **SIBONGA** CEBU 7. HEIGHT (m) 1.7 City/Municipality Province 65 6020 8. WEIGHT (kg) ZIP CODE R. BACALTOS 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No. **POBLACION** 10 GSIS ID NO N/A Barangay Subdivision/Village **SIBONGA CEBU** 11. PAG-IBIG ID NO. 1211-3469-7218 City/Municipality Province 12-051392799-7 12. PHILHEALTH NO. ZIP CODE 6020 13. SSS NO. 06-3622954-3 19. TELEPHONE NO. N/A 14. TIN NO. 320-214-500 0975-950-7882 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) ntcayubit@up.edu.ph I. FAMILY BACKGROUND 22. SPOUSE'S SURNAME CAYUBIT 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) **ELISE NILE C. CAYUBIT** 07/24/2023 FIRST NAME **ELLEN CFRNA** MIDDLE NAME OCCUPATION PROFESSIONAL TEACHER EMPLOYER/BUSINESS NAME **CEBU TECHNOLOGICAL UNIVERSITY - ARGAO CAMPUS** LAMACAN, ARGAO, 6021 CEBU **BUSINESS ADDRESS** TELEPHONE NO. 9153489533 CAYUBIT 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME NIEL SR. OLIVAR MIDDLE NAME 25. MOTHER'S MAIDEN NAME **CYNDRELLE JURADO TEVES** CAYUBIT SURNAME **CYNDRELLE** FIRST NAME TEVES (Continue on separate sheet if necessary) MIDDLE NAME

WIDDLE NAME	NAME ILVES				(Continue on Separate Sheet II necessary)					
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 (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS		
				From	To	(ii not gradated)		RECEIVED		
ELEMENTARY	SIBONGA CENTRAL ELEMENTARY SCHOOL PRIMARY EDUCATION		ON	Jun. 2003	Mar. 2009	(GRADUATED)	2009	WITH HONORS		
SECONDARY	SIBONGA NATIONAL HIGH SCHOOL	HIGH SCHOOL EDUCATION		Jun. 2009	Mar. 2013	(GRADUATED)	2013	WITH HONORS		
VOCATIONAL / TRADE COURSE										
COLLEGE	SIBONGA COMMUNITY COLLEGE	BSED - MATHEMAT	ics	Oct. 2015	May 2020	(GRADUATED)	2020	CUM LAUDE		
GRADUATE STUDIES	DUATE STUDIES UNIVERSITY OF THE PHILIPPINES CEBU MASTER OF EDUCATION (MATHEMATIC		THEMATICS)	Sep. 2021	Dec. 2023	(GRADUATED)	2023			
(Continue on separate sheet if necessary)										

**SIGNATURE** 

JUNE 25, 2024

DATE

IV. CIVIL SERVICE ELIGIBILITY									
	ER SERVICE/ RA 1	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	oplicable)
SPECIAL LAWS/ CES/ CSEE  BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LICENSUF	RE EXAMINAT	ION FOR TEACHERS	87.6	MARCH 19, 2023	CEBU CITY, PHILIPPINES			2088112	08/08/2023
				,	OLDO OTTI, I TILLI I TILLO				
V. WORK E	XPERIENCE		(Co	ntinue on separate sheet	if necessary)		_	_	
(Include priva	ate employme	nt. Start from your recer	nt work) Descriptio	n of duties should b	e indicated in the attache	ed Work Exp		t.	
	SIVE DATES n/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full	//Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
02/16/2024	06/02/2024	NON-RESIDENT	FACULTY	CEBU TECHNOL	OGICAL UNIVERSITY	29,000		CONTRACTUAL	YES
02/16/2022	02/15/2024	INSTRUC	TOR	SIBONGA COM	MUNITY COLLEGE	24,000		CONTRACTUAL	YES
11/13/2020	02/15/2022	HEALTH ADV	OCATE	OPTUM GLO	BAL SOLUTIONS	20,000		CONTRACTUAL	NO
0:0:::	TUD=		ncT) (Co	ntinue on separate sheet			,	05.0004	
SIGNATURE			17		DATE	<b>25, 2024</b> S FORM 212 (Revised 2	017\ Dogo 2 of 4		

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF OR		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		DOCITION (NATURE OF WORK
(Write in full)		From	То	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A						
		tinue on separate				
VII. LEARNING AND DEVELOPMENT (L&D) I				f/Executive/Manage	erial positions)	
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the  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)
ACADEMIC INTEGR	ITY	10/06/2023	10/06/2023	3.5 HOURS	PARTICIPANT	UP CEBU PERFORMING ARTS HALL
CREATIVE INVESTIGATION TRAINING SERIES IN QUA	ALITATIVE RESEARCH PART I (HOW	03/03/2023	03/03/2023		PARTICIPANT	UP CEBU, LAHUG, CEBU CITY
TO CONDUCT INTERVIEWS .  REVISITING WORK ETHICS AND PE	AND FGDS)	09/06/2022	09/06/2022		PARTICIPANT	SIBONGA COMMUNITY COLLEGE
ENSURING AN ENGAGING LEARNING THROUGH INT		09/06/2022	09/06/2022		PARTICIPANT	SIBONGA COMMUNITY COLLEGE
BRIDGING AND RESPONDING THROUGH COMM		09/07/2022	09/07/2022		PARTICIPANT	SIBONGA COMMUNITY COLLEGE
NURTURING A RESEARCH CULTUR		09/07/2022	09/07/2022		PARTICIPANT	SIBONGA COMMUNITY COLLEGE
	(Con	tinue on separate	sheet if necessary			
VIII. OTHER INFORMATION	Nov	-ACADEMIC DISTIN	IOTIONO / PEOCO	NITION		MEMPEROUIR IN ACCOUNTION OF CANIFACTION
31. SPECIAL SKILLS and HOBBIES	32. NON	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)				
READING BOOKS		SAVE PHILIPPINE SEAS				
DRAWING						
PAINTING						
	(Con	tinue on separate	sheet if necessary			
SIGNATURE				DA	A <i>TE</i>	JUNE 25, 2024

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				
		If YES, give details	S:				
		0					
35.	a. Have you ever been found guilty of any administrative offe		☑ NO				
			If YES, give details	5.			
	b. Have you have principally about all before any assured						
	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 ar any court or tribunal?	ny law, decree, ordinance or regulation by	☐ YES ☑ NO				
	any court of distance.		If YES, give details:				
37	Have you ever been separated from the service in any of the	e following modes: resignation, retirement		П не			
01.	dropped from the rolls, dismissal, termination, end of term, f	•	☐ YES If YES, give details	☑ NO s:			
	in the public or private sector?						
38.	a. Have you ever been a candidate in a national or local election and election?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the 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	resident of another country?	☐ YES ☑ NO				
			If YES, give details (country):				
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ana Carta for Disabled Persons (PA 7277):	-				
10.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please						
a.	Are you a member of any indigenous group?		☐ YES	☑ NO			
b.	Are you a person with disability?		If YES, please specify:  ☐ YES ☑ NO				
	, as you a posses, man assuming .		If YES, please specify ID No:				
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:				
11	DEFEDENCES (Description of soleted by accompanion, or efficients applicant	t (agnaintee)	ii 120, piodoo opooii,				
41.	REFERENCES (Person not related by consanguinity or affinity to applican  NAME	ADDRESS	TEL. NO.				
			0917-677-7116				
	ATTY. EDWARD MAGLUCOT, Ph.D.	CARCAR CITY, CEBU		100			
	SHANNA A. ORACION	CEBU CITY, CEBU	0922-520-1318				
	DAISY Y. FOMOCOD	MINGLANILA, CEBU	0936-169-3833				
42.	I declare under oath that I have personally accomplished						
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe		•				
	agree that any misrepresentation made in this docu	ument and its attachments shall cause	e the filing of	PHOTO			
	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 overnment Issued ID: PRC	has	)				
	/License/Passport No.: 2088112						
Date/Place of Issuance:  08/08/2023/MANDAUE CITY, CEBU  Signature (Sign ins/de the branch of the property of t			ox)				
Da	ate/Place of Issuance: 08/08/2023/MANDAUE CITY, CEBU		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
		Person Administering Oatl	h				