CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EE1	-				
WARNING: Any misrepresentation	on made in the Personal Data Sheet and the W	ork Experience Sheet shall	cause the filing	g of adminis	trative/crim	inal case/s again	st the person	concerned.	
	O FILLING OUT THE PERSONAL DATA SHEET								
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION	and use separate sheet if necessary. Indicate N/	'A if not applicable. DO NOT AE	BBREVIATE.	_	1. CS ID No.		(Do not fill up.	For CSC use only)	
2. SURNAME	MANAGBANAG								
_						NAME EXTENSION (JR	., SR)		
FIRST NAME	ANGELICA								
MIDDLE NAME 3. DATE OF BIRTH	CASTILLO			<u> </u>					
(mm/dd/yyyy)	01/14/1997	16. CITIZENSHIP				Dual Citizenship by birth	_		
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizer	itizenship, Pls. indicate co			ountry:			
5. SEX	☐ Male ☑ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		use/Block/Lot No			Street SANTA CRUZ		
7. HEIGHT (m)	1.5			bdivision/Village BAYBAY CITY	1		Barangay LEYTE		
8. WEIGHT (kg)	52	ZIP CODE	C	ity/Municipality		6521	Province		
		18. PERMANENT ADDRESS	-						
9. BLOOD TYPE	AB+	-	Нои	ise/Block/Lot No).		Street		
10. GSIS ID NO.	N/A		Sui	bdivision/Village)		SANTA CRUZ Barangay		
11. PAG-IBIG ID NO.	121211321906		C	BAYBAY C	ITY		Province		
12. PHILHEALTH NO.	12-051566725-9	ZIP CODE		6521					
13. SSS NO.	34-7125401-3	19. TELEPHONE NO.				N/A			
14. TIN NO.	341-742-139000	20. MOBILE NO.		+639217089646					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		anjingcasman@gmail.com					
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	Thurst Statistics (12 op)	23. NAME of CHI	LDREN (Write	full name and I	ist all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			N/A		N	I/A	
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	MANAGBANAG								
FIRST NAME	PATRICIO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	ABAPO		ļ						
25. MOTHER'S MAIDEN NAME									
SURNAME	CASTILLO								
FIRST NAME	ALICIA								
MIDDLE NAME	RICARTE			(C	ontinue on se _l	parate sheet if neces	sary)		
III. EDUCATIONAL BACKGR	ROUND				_			SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	SANTA CRUZ ELEMENTARY SCHOOL	PRIMARY EDUCATION		2003	2009	N/A	2009	1ST HONORABLE MENTION	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION		2009	2013	N/A	2013	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHE	EMISTRY	2013	2017	N/A	2017	N/A	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
SIGNATURE	555533333	Continue on separate sheet if nece	essary)	DA	TE	Dec	ember 26, 202	23	

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF	DI 405 05 5	TION / 2011	MENT	LICENSE (if a	1
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	HON / CONFER	KMEN I	NUMBER	Date of Validity
CHEMICAL TECHNICIAN		91.00%	11/10/2018	CEBU CITY			0002656	01/14/2024	
			(Cor	ntinue on separate sheet	if necessarv)				
	XPERIENCE								
	ate employme	nt. Start from your recen	t work) Description	n of duties should b	e indicated in the attach	ed Work Exp	perience shee	t.	
	n/dd/yyyy)	POSITION TI (Write in full/Do not			ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY GRADE applicable)	GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(**************************************		(witte iii iuli	5 355.0 (100)	J. 167 (171	(Format "00-0")/ INCREMENT		(Y/ N)
8/18/2023	12/20/2023	PART-TIME INST	RUCTOR	VISAYAS ST	TATE UNIVERSITY	18,000	N/A	PART-TIME	Υ
5/3/2021	01/31/2023	LABORATORY A	ANALYST	LEYTE AGR	RI CORPORATION	14,000	N/A	REGULAR	N
10/6/2020	2/5/2021	PART-TIME INST	RUCTOR	VISAYAS ST	TATE UNIVERSITY	15,000	N/A	PART-TIME	Υ
10/24/2017	08/30/2019	QUALITY ASSURAN	CE ANALYST	VIRGIN	IA FOOD INC.	12,000	N/A	REGULAR	N
SIGNA	TUPE		(Con	ntinue on separate sheet	if necessary) DATE		Decemb	er 26, 2023	
SIGNATURE			00		DATE			Er 26, 2023 FORM 212 (Revised 20	247) D 0 14

VI VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON COVERNMENT / REORI E / VOLUNTARY ORCANIZATION/S								
	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES							
(Write in full		(mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A			N/A	N/A		N/A		
VIII I FADNING AND DEVELOPMENT (LOD)		tinue on separate						
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR		EDATES OF		Type of LD			
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)		
(Wite it foil)			From To		Technical/etc)	, ,		
PHILIPPINE TEXTILE CONGRESS 2022		11/08/22	11/10/22	12.0	TECHNICAL	DOST-PHILIPPINE TEXTILE RESEARCH INSTITUTE		
6th NATIONAL CONFERENCE OF CHEMICAL LABOR		11/14/2022	11/16/2022	20.0	TECHNICAL	INTEGRATED CHEMISTS OF THE PHILIPPINES		
BASIC OPERATIONS ON MOTIC DIGITAL MICROSCOPE AND CAMERA BA210 MOTICAM TRAINING			08/24/2022	16.0	TECHNICAL	MICROLAB		
TRAINING-WORKSHOP ON QA/QC AND METHOD VE	RIFICATION/VALIDATION	3/8/2022	4/8/2022	16.0	TECHNICAL	DEPARTMENT OF AGRICULTURE- BUREAU OF SOILS AND WATER MANAGEMENT		
RA 9003: ECOLOGICAL SOLID WASTE MANAGEMEN	T ACT OF 2000	12/23/2021	12/23/2021	4.0	TECHNICAL	LEYTE AGRI CORPORATION		
COSHH AND THE SAFE USE OF CLEANING CHEMICA	ALS	09/16/2021	09/16/2021	2.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
UNDERSTANDING MOTIVATION AND MOTIVATIONAL	FACTORS	09/13/2021	09/13/2021	2.0	FOUNDATION	THE KNIGHTS OF SAFETY ACADEMY		
INTERNAL AUDIT AWARENESS		08/26/2021	08/26/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
ISO 50001:2018 ENERGY MANAGEMENT SYSTEM AV	/ARENESS	08/25/2021	08/25/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
ISO 45001:2018 OCCUPATIONAL HEALTH & SAFETY AWARENESS	MANAGEMENT SYSTEM	08/23/2021	08/23/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
ISO 14001:2015 ENVIRONMENTAL MANAGEMENT SY	STEM AWARENESS	5/8/2021	5/8/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
ISO 9001:2015 QUALITY MANAGEMENT SYSTEM FO	UNDATIONS	4/8/2021	4/8/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
OCCUPATIONAL, SAFETY AND HEALTH		07/14/2021	07/14/2021	8.0	TECHNICAL	LEYTE AGRI CORPORATION		
UNDERSTANDING COVID-19: PUBLIC HEALTH AWAR	RENESS	3/6/2021	3/6/2021	2.0	FOUNDATION	THE KNIGHTS OF SAFETY ACADEMY		
HAZARDOUS SUBSTANCES ROUTES-TO-ENTRY		05/13/2021	05/13/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
THE SAFETY DATA SHEET AWARENESS CERTIFICA	ΓΙΟΝ	8/5/2021	8/5/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
SPILLAGE RESPONSE AWARENESS TRAINING		6/5/2021	6/5/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY		
CALIBRATION AND QUALIFICATION OF LABORATOR	RY INSTRUMENTS AND LATEST	07/31/2019	07/31/2019	8.0	TECHNICAL	INTEGRATED CHEMISTS OF THE PHILIPPINES-		
ADVANCES IN LABORATORY INSTRUMENTATION TRANSFORMING ME: DETERMINED, RESILIENT, ENG	AGED	5/4/2019	5/4/2019	8.0	FOUNDATION	BACOLOD CHAPTER VIRGINIA FOOD INC.		
GOOD MANUFACTURING PRACTICES		03/19/2018	03/19/2018	8.0	TECHNICAL	VIRGINIA FOOD INC.		
GOOD MANUFACTURING PRACTICES (GLP) - 3M FO	OD SAFETY SEMINAR	2/2/2018	2/2/2018	4.0	TECHNICAL	3M FOOD SAFETY		
(Continue on separate sheet if necessary)								
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			
READING	N/A					N/A		
LEARNING NEW LANGUAGE								
LISTENING TO MUSIC	_		_					
	para establica	ntinue on separate	sheet if necessary)					
SIGNATURE	-Mij y			Di	ATE	December 26, 2023		

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 - Car	☐ YES ☑ NO							
	b. within the fourth degree (for Local Government Onit - Car	☐ YES ☑ NO If YES, give details:							
35.	a. Have you ever been found guilty of any administrative off	☐ 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 an by 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, er out (abolition) in the public or private sector?		✓ YES □ NO If YES, give details: RESIGNATION AND FINISHED CONTRACT						
38.	a. Have you ever been a candidate in a national or local ele Barangay 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	☐ YES ☑ NO If YES, give details (country):							
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:							
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)							
	NAME	ADDRESS	TEL. NO.						
	CANDELARIO CALIBO	DUMAGUETE CITY, NEGROS ORIENTAL	9999906169						
	WENCY DAGAYLOAN	ORMOC CITY, LEYTE	9498611407						
	MARIA VINA GALANO	UPPER POBLACION, PILAR, CEBU	9086403335						
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. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. PHOTO								
P	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 ID								
ID	/License/Passport No.: 0002656	ox)							
Da	ate/Place of Issuance: 10/29/2018		Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID	as indicated above.					
		Person Administering Oat	n						