person concerned.	tion made in the Personal Data S TO FILLING OUT THE PERSONA	•			_	istrative/crin	ninal case/s ag	ainst the
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION) and use separate sheet if nece	ssary. Indicate N/A if not applica	ble. DO NOT	ABBREVIATE.	1. CS ID No.		(Do not fill up. Fo	r CSC use only
2. SURNAME	Arcelo							
FIRST NAME	Christian					NAME EXTENS	ION (JR., SR)	
	Cabahug							
MIDDLE NAME 3. DATE OF BIRTH	12/25/1995							
(mm/dd/yyyy)	12/23/17/3	16. CITIZENSHIP		Filipino		Dual Citizer	•	
4. PLACE OF BIRTH	Lilo-an Cebu	If holder of dual citizen:	shin	by birth by naturalization Pls. indicate country:				ization
	☐ Male ☐ Female	please indicate the de				1 10. 111010	ato oounity.	
5. SEX		17. RESIDENTIAL ADDRESS					Proper	
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS	House/Block/Lot No.		0.	Street		
	Other/s:			Subdivision/Villag	e		Lilo-an Barangay	
7. HEIGHT (m)	1.75			Ormoc City/Municipality	/		Leyte Province	
8. WEIGHT (kg)	76	ZIP CODE	6541	Only/ivianicipant	/		TTOVITICE	
9. BLOOD TYPE	В-	18. PERMANENT ADDRESS		11/Di1-///-N			Proper	
10. GSIS ID NO.	N/A		-	House/Block/Lot N	0.		Street Lilo-an	
	121314077055			Subdivision/Villag Ormoc	е		Barangay Leyte	
11. PAG-IBIG ID NO.				City/Municipality	/		Province	
12. PHILHEALTH NO.	13-025568618-7	ZIP CODE	6541					
13. SSS NO.	35-0459710-0	19. TELEPHONE NO.	N/A					
14. TIN NO.	620-801-522-000	20. MOBILE NO.	0947253834					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	chanarcelo@	gman.com				
II. FAMILY BACKGROUND	N/A						D. 4 T. O. D. D. D. D.	
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME OF	CHILDREN (Write fu	ii name and list	all)	DATE OF BIRTI	H (mm/dd/yyyy)
FIRST NAME	N/A	, . ,						
MIDDLE NAME	N/A		-					
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.								
24. FATHER'S SURNAME	Arcelo	NAME EXTENSION (JR., SR)						
FIRST NAME	Rodolfo	NAME EXTENSION (JR., SK)						
MIDDLE NAME	Marquez							
25. MOTHER'S MAIDEN NAME								
SURNAME	Cabahug							
FIRST NAME	Perla							
MIDDLE NAME	Ponce			(Conti	nue on separat	e sheet if nece	ssary)	
III. EDUCATIONAL BACKG	ROUND					підпері	1	SCHOLARSHIP
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF AT	TENDANCE	LEVEL/ UNITS EARNED (if not	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	Ormoc City Central School	N/A		2002	2008	N/A	2008	Achiever
SECONDARY	New Ormoc City National High School	N/A		2008	2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	Doctor of Veterinary Medicine		2012	2022	N/A	2022	N/A
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
OIMEONIE OTOBIES		ue on separate sheet	if necessary)					
SIGNATURE	lide	All		DA	TE	7/17/2023		

IV. CIVIL SERVICE ELIGIBILITY									
27 CAREER SERVICE/ DA 1000 (DOARD) DARVINDER DATE OF							LICENSE (if applicable)		
SDECIVI I VIVISI CESI CSEE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATI	PLACE OF EXAMINATION / CONFERMENT			Date of Validity
Veterinary Lice	eterinary Licensure Exam 76.06%			10/3/2023	Cebu City			0011420	12/25/2025
(Continue on separate sheet if necessary)									
	EXPERIENC	CE ment. Start from your red	ent work) Descrip	tion of duties should	d be indicated in the att	ached W	ork Experier	nce sheet.	
	USIVE DATES						SALARY/ JOB/		00V#T
(mı	(mm/dd/yyyy) POSITION 1 (Write in full/Do not				MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
From 1/21/23	To Present	Veterinarian		Petcetera			INCREMENT	Part-time	
1/17/23	Present	Medical Records Reviewer		Petsure				Permanent	
10/15/22	12/9/22	Veterinarian		DoggyVerse Veterinary (Clinic			Reliever	
5/5/22	7/1/22	Veterinary Technician/ Nurse		VetSpot Animal Clinic	VetSpot Animal Clinic			Part-time	
4/27/22	7/20/22	Call Center Agent	Virtual Staffing Solutions					Part-time	
1/19/22	4/10/22	Veterinary Technician/ Nurse		Animal Recovery Center			Part-time		
0/01	IATURE		in Ail	Tue on separate sheet it i		7/17/2023			
SIGN	IATURE				DATE				

VI. VO	LUNTARY WORK OR INVOLVEMENT	IN CIVIC / NO	N-GOVERNM	ENT / PEOPL	E / VOLUNTAF	RY ORGANIZATION/S	
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		From N/A	To N/A	N/A	N/A		
\/// I.F	CADNING AND DEVELOPMENT (LAD)		nue on separate s		C ATTENDED		
	EARNING AND DEVELOPMENT (L&D) on the most recent L&D/training program and include					n Chief/Executive/Managerial positions)	
	TITLE OF LEARNING AND DEVELOPMENT	INCLUSIVE	DATES OF	in for the last live	Type of LD		
30.	INTERVENTIONS/TRAINING PROGRAMS (Write in full)	(mm/d	IDANCE Id/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	, ,	110111	10		recrifical/etc)		
		(0.11					
VIII O	THER INFORMATION	(Conti	nue on separate s	neet if necessary)	_		
VIII. U	THER INFORMATION					MEMBERSHIP IN	
31.	SPECIAL SKILLS and HOBBIES	NON		NCTIONS / RECOG te in full)	SNITION	33. ASSOCIATION/ORGANIZATION (Write in full)	
N/A		N/A				N/A	
		_ 	ite si	heet if necessary)		7/17/2023	
	SIGNATURE	(did	3/10	D	ATE		
						CS FORM 212 (Revised 2017), Page 3 of 4	

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?	☐ YES M	IO.			
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 offer	☐ YES NO If YES, give details: ———————————————————————————————————				
b. Have you been criminally charged before any court?	☐ YES MO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of an regulation by any court or tribunal?	☐ YES				
retirement, dropped from the rolls, dismissal, termination, end phased out (abolition) in the public or private sector?	37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?				
 a. Have you ever been a candidate in a national or local election (except Barangay election)? b. Have you resigned from the government service during the the last election to promote/actively campaign for a national or local election. 	☐ YES ☑ NO If YES, give details: ☐ 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) Magi (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89					
a. Are you a member of any indigenous group?b. Are you a person with disability?	☐ YES ✓ NO If YES, please specify: ☐ YES ✓ NO				
c. Are you a solo parent?	If YES, please specify ID No: ☐ YES If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)				
NAME	ADDRESS	TEL. NO.	ID picture taken within		
Cerise Duarte	Manila	09276913235	the last 6 months 3.5 cm. X 4.5 cm (passport size)		
Kristel Rebacca	Cebu	09672209802	With full and handwritten name tag and signature over printed name		
42. I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized reprinerein. I agree that any misrepresentation made in this filling of administrative/criminal case/s against me.	laws, rules and regulations of the esentative to verify/validate the	Republic of the contents stated	Computer generated or photocopied picture is not acceptable PHOTO		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Passport					
ID/License/Passport No.: P4542698C	Oignature (oign motion)				
Date/Place of Issuance: 27 June 2023	17 July 202 Date Accomplishe		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly	issued government ID as indica	ated above.		
	Oath				