| CS Form No. 212 | | 1 | | | | | | |
|-------------------------------|---|--|--------------------------|--|---------------|--|-------------------------------|--|
| Revised 2017 | | VAL DAT | | | | | | |
| concerned | ion made in the Personal Data Sheet and the V | | | | | riminal case/s ag | ainst the pers | son |
| READ THE ATTACHED GUIDE T | TO FILLING OUT THE PERSONAL DATA SHEE and use separate sheet if necessary. Indicate NI/ | T (PDS) BEFORE ACCOMP A if not applicable. DO NOT AB | LISHING THE BREVIATE. | PDS FORM | 1. CS ID No. | | (Do not fill up. | For CSC use only |
| L PERSONAL INFORMATION | | Mire main and a state of the same | | West Li | Med Je, | 1.50 | | 40 |
| 2. SURNAME | CABELLO | | | | | | | |
| FIRST NAME | RODANTE BIEN | 1 | | | | NAME EXTENSION (JF | R, SR) N/A | |
| MIDDLE NAME | APIAG | | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 8/3/1988 | 16. CITIZENSHIP | | | | | | |
| 4. PLACE OF BIRTH | HINUNDAYAN SO. LEYTE | If holder of dual citizen | | | | | | |
| 5. SEX | MALE | please indicate the de | tails. | | | | | |
| 6 CIVIL STATUS | MARRIED | 17. RESIDENTIAL ADDRESS | S | se/Block/Lot N ITIO TUY-AN odivision/Village | | | Street CARIDAD Barangay | |
| 7. HEIGHT (m) | 1.584 M | , | | AYBAY CITY ty/Municipality | | | LEYTE Province | |
| 8. WEIGHT (kg) | 65 KGS | ZIP CODE | | grindingpoing | | 6521 | 110111100 | |
| 9. BLOOD TYPE | 0+ | 18. PERMANENT ADDRESS | Hous | se/Block/Lot N | 0. | | SAN JOSE Street | |
| 10. GSIS ID NO. | N/A | 8 | Sut | odivision/Villag | 9 | | DISTRICT 3 Barangay | |
| 11. PAG-IBIG ID NO. | 1211-0778-6555 | | Ci | HINUND. | AYAN | | SOUTHER Province | RN LEYTE |
| 12. PHILHEALTH NO. | 12-050809793-5 | ZIP CODE | | 6609 | | | | |
| 13. SSS NO. | 06-2916269-1 | 19. TELEPHONE NO. | | | | N/A | | |
| 14. TIN NO. | 281-715-131-000 | 20. MOBILE NO. | | | 0 | 9654279341 | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | | | zyriljodar | 03@gmail.co | <u>om</u> | |
| II. FAMILY BACKGROUND | | | | | | NATIONAL PROPERTY. | | |
| 22. SPOUSE'S SURNAME | CABELLO | | 23. NAME of CHI | | | | DATE OF BIRT | TH (mm/dd/yyyy) |
| FIRST NAME | JOLEBIE . | NAME EXTENSION (JR., SR) | | | N B. CABI | | 9/21 | 1/2014 |
| MIDDLE NAME | BUSCAGAN | | | | EW B. CA | | 11/8 | 3/2018 |
| OCCUPATION | N/A | | | RODANTE | B. CABEL | .LO | 10/2 | 8/2020 |
| EMPLOYER/BUSINESS NAME | N/A | ~ | | | | | | |
| BUSINESS ADDRESS | N/A | | | | | | | |
| TELEPHONE NO. | N/A | | | | | | | |
| 24. FATHER'S SURNAME | CABELLO | In the second se | | | | | | |
| FIRST NAME | JESUS | NAME EXTENSION (JR., SR) | | | | | | |
| MIDDLE NAME | GRAVEN | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | |
| SURNAME | APIAG | | | | | | | |
| FIRST NAME | AGAPITA | | | | | | | |
| MIDDLE NAME | PAPA | | | (C | ontinue on se | parate sheet if neces | sary) | |
| III. EDUCATIONAL EXIGIG | (O) (J. (D) | | | desidence. | 725 HERE | | nalette. | a auray a payupy |
| 26. 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 | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| ELEMENTARY | HINUNDAYAN CENTRAL SCHOOL | PRIMARY EDUCAT | ION | 1995 | 2001 | | 2001 | |
| SECONDARY | HINUNDAYAN CATHOLIC INSTITUTE | HIGH SCHOOL | | 2001 | 2005 | | 2005 | WITH |
| VOCATIONAL / TRADE COURSE | | , | | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN F | | 2005 | 2009 | | 2009 | |
| GRADUATE STUDIES | | 1 | | | | | | |
| | | Cominue on senarate sheet if nece | ssary) | | | | | |

SIGNATURE

DATE

9/13/2024

CS FORM 212 (Revised 2017), Page 1 of 4

| . CARE | | 080 (BOARD/ BAR) UNDER | RATING | DATE OF | | | | LICENSE (if ap | plicable) |
|----------|---------------------------------|--|-----------------------|-----------------------------|---|-------------------|--|--------------------------|--------------------|
| BA | SPECIAL LAV RANGAY ELIGIBILI | VS/ CES/ CSEE TY / DRIVER'S LICENSE | (If Applicable) | EXAMINATION / CONFERMENT | PLACE OF EXAMINAT | | | NUMBER | Date o Validity |
| CAREER S | ERVICE PROFI | ESSIONAL ELIGIBILTY | 80.94% | 8/12/2018 | LEYTE NORMAL UNIVE | | OBAN CITY, | N/A | 1 |
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| 1/09% | EXPERIENCE | y - Company of Samuel | (Cor | ntinue on separate shee | et If necessary) | | | | 100 |
| | | | (8,12073) โดยสมาศักด์ | of dailes should b | ne indicated in the attaching | ilWork ≅yog | rlance street. | 1 201 | |
| | USIVE DATES nm/dd/yyyy) | POSITION T (Write in full/Do not | | | GENCY / OFFICE / COMPANY ull/Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (il applicable)& STEP (Formal "00-0"/ INCREMENT | STATUS OF APPOINTMENT | GOV SERVIO |
| 16/2018 | PRESENT | PLANT MAN | NAGER | | MS AGRIVENTURES | 40000.00 | in concern | PERMANENT | N |
| 2017 | 4/15/2018 | OPERATIONS I | | DBSN FAR | RPORATION MS AGRIVENTURES | 20000.00 | | PERMANENT | N |
| /2016 | 03/2017 | ASSISTANT OPERAT | | DBSN FAR | RPORATION MS AGRIVENTURES | 17000.00 | | PERMANENT | N |
| 2015 | 12/2015 | FURTHER PROCESSI | NG SUPERVISOR | DBSN FAR | RPORATION MS AGRIVENTURES RPORATION | 10000.00 | | PERMANENT | N |
| 5/2014 | 06/2015 | QUALITY ASSURA | ANCE IN-LINE | | ILLOS AND DELICACIES | 11500.00 | | PERMANENT | N |
| 2012 | 6/2014 | PRODUCTION LINE | SUPERVISOR | SUNPRIDE FO | OODS INCORPORATED | 12000.00 | | PERMANENT | N |
| /2011 | 9/2012 | QUALITY ASSURA | ANCE IN-LINE | SUNPRIDE FO | OODS INCORPORATED | 12000.00 | | PERMANENT | N |
| /2009 | 10/2010 | QUALITY ASSURAN | CE INSPECTOR | VIRGINIA FO | ODS INCORPORATED | 8000.00 | | PERMANENT | N |
| | | 4000 | | | | | | | |
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| SIG | NATURE | _ | - pur caus | | DATE | 1 | 9/1 | 3/2024 | |

V. CIVIL SERVICE ELIGIBILITY

| SIGNATURE | -jugar | 1 | | D | ATE | 9/13/2024 CS FORM 212 (Ravised 2017), Page |
|--|--|------------------------|------------------------|-----------------|--------------------------------|---|
| | /(Coni | linus on separate | shoot if necessa | ry) | | |
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| | | | | | | |
| WATCHING TELEVISIONS (NEWS AND DOCUMENTARIES) | | | | | | |
| PLAYING BALL GAMES (TABLE TENNIS) | | N | 'A | | | |
| SPECIAL SKILLS and HOBBIES | 32. NON- | | INCTIONS / RECO | OGNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full) |
| | (Con | tinue on separat | a sheet II necessa | ny) | | |
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| and the | in all | | | | | |
| PUBLICITY AVAILABLE SPECIFICATION (PAS Z | | 3/30/2010 | 3/31/2010 | 16.0 | MANAGERIAL/S UPERVISORY | DEPARTMENT OF LABOR AND EMPLOYME REGION 7 |
| IN-HOUSE "INTERNAL AUDIT TRAINING" BAS AWARENESS ON FOOD SAFETY SYSTEM CERT PUBLICITY AVAILABLE SPECIFICATION (PAS 2 | TFICATION (FSSC 22000:2005) and | 5/29/2018 5/26/2018 | 5/29/2018 5/27/2018 | 16.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTAN |
| FSSC 22000 HARMONIZATION FO | | 8/18/2018 | 8/18/2018 | 8.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTANT ROLANDO REMITAR - TUV CONSULTANT |
| FOOD FRAUD FSSC 22000 VER | SION 4.1 SEMINAR | 9/1/2018 | 9/1/2018 | 8.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTANT |
| FOOD AND FACILITY SECU | RITY SEMINAR | 9/8/2018 | 9/8/2018 | 8.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTAN |
| FOOD DEFENSE: FSSC 22000 ve | rsion 4.1 SEMINAR | 8/25/2018 | 8/25/2018 | 8.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTAN |
| WORKSHOP KAIZEN IMPLEMENT | TATION | 4/11/2019 | 4/11/2019 | 10.0 | TECHNICAL | BSI TRAINING ACADEMY- MA. COLLETTE S |
| (FSSC) Version 5.0 Semina SO 19011:2018 - GUIDELINES FOR AUDITING M | ar Workshop | 10/26/2019 | 10/28/2019 | 8.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTAN |
| REFRESHER COU 22000:2018 -Food Safety Management System | RSE | 10/29/2019 | 10/29/2019 | 16.0 | TECHNICAL | ROLANDO REMITAR - TUV CONSULTAN |
| TITLE OF LEARNING AND DEVELOPMENT INT (White in fur 001:2015 - QUALITY MANAGEMENT SYSTEM A | 1) | (mm | (dd/yyyy) To | MANDER OF HOURS | Supervisory/ Technical/elc) | (Virito in Iuli) ROLANDO REMITAR - TUV CONSULTANT |
| from the most recent L&D training program and incl | ide only the relevant LEP Training taken fol | INCLUSA | NE DATES OF | | Type of LD (Managerist) | CONDUCTED/ SPONSORED BY |
| LEARNING AND DEVELOPMENT (L&D) | (Con | tinua on separat | sheet if necessar | ny) | | |
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| | | From | To | | | |
| (Write in full |) | From | (dd/mm) To | HUMBER OF HOURS | | POSITION / NATURE OF WORK |

| 34. Are you related by consanguinity or affinity to the appointing | Or recommending authority or to the | | |
|---|--|--|---|
| chief of bureau or office or to the person who has immediate | Supervision over you in the Office | | |
| Bureau or Department where you will be apppointed, | , ············ you in the Office, | | |
| a. within the third degree? | | | |
| b. within the fourth degree (for Local Government Unit - Care | eer Employees)? | | |
| | | If YES, give details: | |
| | | ,, , <u>20, 9,, o</u> 20,, | NO |
| 35. a. Have you ever been found guilty of any administrative offer | ense? | | |
| | | If YES, give details: | |
| | • | ii 125, give details. | NO |
| | | | |
| b. Have you been criminally charged before any court? | · | | |
| | * | If YES, give details: | |
| | | Date Filed: Status of Case/s: | NO |
| an House you goes been consisted of any size of the first | La desarta de la constante de | Status of Casers. | |
| 36. Have you ever been convicted of any crime or violation of ar any court or tribunal? | ny law, decree, ordinance or regulation by | 153/170 1 - 1-1-11- | |
| | | If YES, give details | NO |
| | | | NO |
| 37. Have you ever been separated from the service in any of the | | 10/50 1 100 | |
| dropped from the rolls, dismissal, termination, end of term, f in the public or private sector? | inished contract or phased out (abolition) | If YES, give details YES | : RESIGNATION |
| 38. a. Have you ever been a candidate in a national or local ele- | ction held within the last year (except | | 1,150,50(1)1911 |
| Barangay election)? Barangay election)? | coon neid willin tile last year (except | If YES, give detail | s: NO |
| | | ii i Eo, give detail | J. NO |
| b. Have you resigned from the government service during the | | IFVEC -in- d-4-1 | a. No |
| election to promote/actively campaign for a national or local | | If YES, give detail | s: <u>NO</u> |
| 39. Have you acquired the status of an immigrant or permanent | resident of another country? | | |
| | | If YES, give details | |
| 4 | • | | NO |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag | | | |
| 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), | please answer the following items: | | |
| Are you a member of any indigenous group? | | If YES, please specify | . NO |
| b. Are you a person with disability? | | ii 120, please specily | : <u>NO</u> |
| The year of porcent man discussing. | | If YES, please specify | ID No: NO |
| | | | |
| c. Are you a solo parent? | | | <u></u> |
| c. Are you a solo parent? | | If YES, please specify | |
| Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applicant | | If YES, please specify | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant | ADDRESS | TEL. NO. | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant | ADDRESS | TEL. NO. | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant NAME SOPHIA NOREENE A. ONATE ROXANNE ZALDIVAR | ADDRESS PALOMPON, LEYTE ALBUERA, LEYTE | TEL. NO. 9171039176 09754980144 | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant NAME SOPHIA NOREENE A. ONATE ROXANNE ZALDIVAR ORESTES F. ESPIRITU | ADDRESS PALOMPON, LEYTE ALBUERA, LEYTE ALBUERA, LEYTE | TEL. NO. 9171039176 09754980144 09751386344 | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant NAME SOPHIA NOREENE A. ONATE ROXANNE ZALDIVAR ORESTES F. ESPIRITU 42. I declare under oath that I have personally accomplishe | ADDRESS PALOMPON, LEYTE ALBUERA, LEYTE ALBUERA, LEYTE d this Personal Data Sheet which is a few sheet which which is a few sheet which is a few sheet which is a few sheet wh | TEL. NO. 9171039176 09754980144 09751386344 | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant NAME SOPHIA NOREENE A. ONATE ROXANNE ZALDIVAR ORESTES F. ESPIRITU 42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertire Philippines. I authorize the agency head/authorized representations. | ADDRESS PALOMPON, LEYTE ALBUERA, LEYTE ALBUERA, LEYTE d this Personal Data Sheet which is a freet laws, rules and regulations of the entative to verify/validate the contents state. | TEL. NO. 9171039176 09754980144 09751386344 True, correct and Republic of the | ID No: NO |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant NAME SOPHIA NOREENE A. ONATE ROXANNE ZALDIVAR ORESTES F. ESPIRITU 42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represagree that any misrepresentation made in this doctors. | ADDRESS PALOMPON, LEYTE ALBUERA, LEYTE ALBUERA, LEYTE d this Personal Data Sheet which is a freet laws, rules and regulations of the entative to verify/validate the contents state. | TEL. NO. 9171039176 09754980144 09751386344 True, correct and Republic of the | |
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