CS Form No. 212 Revised 2017	PERSO	NAL DAT	л сн	FET		10 M	silas Pe			
concerned.	tion made in the Personal Data Sheet and the					riminal case/s ag	ainst the per	son		
	TO FILLING OUT THE PERSONAL DATA SHI  and use separate sheet if necessary, Indicate				1. CS ID No		(Do not fill up. F	or CSC use only		
I PERSONAL INFORMATIO				40.40						
2 SURNAME	GALENZOGA		-							
FIRST NAME	ANDIE LEE							NAME EXTENSION (JR., SR)		
MIDDLE NAME	VILLACORTE		La management					1		
3. DATE OF BIRTH (mm/d3/yyyy)	12/02/2001	16 CITIZENSHIP					☐ by naturaliz	ration		
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizen	nship,							
5. SEX	☐ Male ✓ Female	please indicate the de	etails.	more not surrous			je jenis ranjak je	-		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS								
	☐ Widowed ☐ Separated ☐ Other/s:	Alle March 11120		e/Block/Lof No		BRG	Street Y. STO. ROSARI Barangay	0		
7. HEIGHT (m)	1.51	2 6 7 1 2 2 2 2	BA	AYBAY CITY	getaup.		LEYTE			
8. WEIGHT (kg)	60	ZIP CODE	Cit	y/Municipality			Province			
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		1014011	24/34		111111111111			
10. GSIS ID NO.	N/A		Hous	e/Block/Lot No	).	BRG	Street Y. STO. ROSARI	0		
		-		division/Village			Barangay LEYTE			
11. PAG-IBIG ID NO.	121352142375		Contract with a common ways	y/Municipality			Province			
12. PHILHEALTH NO.	132528369484	ZIP CODE		6521						
13. SSS NO.	06-4985250-9	19. TELEPHONE NO.				N/A .				
14. TIN NO.	656-580-853-00000	20. MOBILE NO.		09773878432						
15. AGENCY EMPLOYEE NO.	15889	21. E-MAIL ADDRESS (if any)		andiegalenzoga@gmail.com						
II. FAMILY BACKGROUND						PERSONAL PROPERTY.	175.6	Telephone 1		
22. SPOUSE'S SURNAME	N/A		23. NAME of CHIL	DREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	SEA	NNA ROSE	LLE G.CAP	RICHO	09/14	V2020		
MIDDLE NAME	N/A									
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A							1		
TELEPHONE NO.	N/A		44 54							
24. FATHER'S SURNAME	GALENZOGA									
FIRST NAME	DELFIN	NAME EXTENSION (JR., SR) JR.								
MIDDLE NAME	ORTEGA							-		
25. MOTHER'S MAIDEN NAME										
SURNAME	VILLACORTE						4			
FIRST NAME	CLEO	Maria I								
MIDDLE NAME	BACUSMO			(C	ontinue on se	parate sheet if nece	ssary)			
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED		
ELEMENTARY	BAYBAY I CENTRAL SCHOOL	ELEMENTARY		2008	2014	GRADUATED	2014	NA		
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	ACCOUNTANCY AND BUSINESS MANAGEMENT		2014	2020	GRADUATED	2020	WITH HONORS		
VOCATIONAL / TRADE COURSE	N/A	NA		N/A	N/A	NA	N/A	N/A		
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS		2020	2024	GRADUATED	2024	NIA		
GRADUATE STUDIES	N/A	N/A		NIA	N/A	NA	NA	NA		
SIGNATURE	I DG	Continue on separate sheet if nec	essary)	. DA	TE	Л.	JNE 20, 202	25		

CAR	SPECIAL LAWS/	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (If ag	plicable)
8	ARANGAY ELIGIBILITY	DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
CAREE		RVICE PROFESSIONAL LEVEL 95 03 MARCH 02 2025 NEW ORMOC CITY NATIONAL HIGH SCHOOL, ORMOC		HOOL, ORMOC	The second region of	BLACA.			
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							Canality		67
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WORK	EXPERIENCE		(C	ontinue on separate shee	t if necessary)				
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	LUSIVE DATES (mm/dd/yyyy)	POSITION T			SENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (II applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE
From	То	(Write in full/Do not	abbreviate)		III/Do not abbreviate)	SALARY	(Format *00-0")/ INCREMENT	APPOINTMENT	(VIN)
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NAME & AC	DORESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HOURS		POSITION / NATURE OF WORK			
		N/A	N/A	N/A	N/A	Line is Separate of the	
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I. LEARNING AND DEVELOPM	IENT (L&D) INTERVENTIONS/TRAINING	-	And the second second second		The wester		
D. TITLE OF LEARNING AND DEVE	LOPMENT INTERVENTIONS/TRAINING PROGRAMS	(minvod/yyyy)			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY (Write in full)	
	(Write in full)			NUMBER OF HOURS	Supervisory/ Technical/etc)		
		From	To	1/4		N/A	
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II. OTHER INFORMATION		The second	to the second of	THE SECOND STREET	27 37- 3-	The Paris Samuel and Landson	
11. SPECIAL SKILLS and HOBE	BIES 32.	ON-ACADEMIC I	OISTINCTIONS / REC (Write in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANII (Write in full)	
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SIGNATURE	AIG.			D	ATE	JUNE 20, 2025	

Land Brown

	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 appointed,	or recommending authority, or to the supervision over you in the Office,				
	a. within the third degree?	YES NO				
	b. within the fourth degree (for Local Government Unit - Can	YES INO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	YES INO 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:				
	Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find the public or private sector?	☐ YES ☑ NO If YES, give details:				
	<ul> <li>a. Have you ever been a candidate in a national or local election)?</li> </ul>	☐ YES ☑ NO If YES, give details:				
	<ul> <li>Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):				
b. ,	Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	YES				
41. F	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL NO.			
	JOSE L. BACUSMO	BRGY. STA. CRUZ, BAYBAY CITY, LEYTE	9686906880			
	NILDA T. AMESTOSO  CATHERINE ARRADAZA	VISCA, BAYBAY CITY, LEYTE BRGY. STO. ROSARIO, BAYBAY CITY,	9618860111			
F	declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represegree that any misrepresentation made in this docu	ent laws, rules and regulations of the entative to verify/validate the contents state	rue, correct and Republic of the led herein.			
PLE	remment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)  ASE INDICATE ID Number and Date of Issuance emment Issued ID: PASSPORT	ΩG				
-						
	icense/Passport No.: P6986547C  Place of Issuance: APRIL 25, 2024	- Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	2 (1) JUN 2025 , affiant exhibiting	ng his/her validly issued governme/NID as indicated above.			
	Doc. No. 342 Page No. 73 Book No. 73005		ATTY. VIVIA N.C. EIVAN DIFIDALLON Notan Evalua Roll No. 52930 NO. No. 8-21-12-09 Intil December 31, 2015			
	entru ford	Person Administering Oat	PTR No. BC (1 2635), 1/2/25, Baybay City, Leyte			