## CS Form No. 212 Revised 2017 I. PERSONAL INFORMATION **SERATO** 2. SURNAME FIRST NAME EVE MIDDLE NAME **ASUMBRADO** 3. DATE OF BIRTH (mm/dd/yyyy) 3/3/1999 4. PLACE OF BIRTH ☐ Male 5. SEX Single 6 CIVIL STATUS ✓ Widowed Other/s: 7. HEIGHT (m) 1.51 8. WEIGHT (kg) 55 9. BLOOD TYPE AB 10. GSIS ID NO. N/A

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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes 🔲 ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) NAME EXTENSION (JR., SR) 16. CITIZENSHIP √ Filipino Dual Citizenship by birth by naturalization ORMOC CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. √ Female Married 17. RESIDENTIAL ADDRESS House/Block/Lot No. Street Separated Subdivision/Village Barangay City/Municipality Province ZIP CODE 18. PERMANENT ADDRESS Andres Bonifacio St. House/Block/Lot No. Street Poblacion Zone 1 Subdivision/Village Barangay Baybay City 11. PAG-IBIG ID NO. N/A City/Municipality Province 13-250654768-0 12. PHILHEALTH NO. ZIP CODE 6521 13. SSS NO. 34-9453188-1 19. TELEPHONE NO. N/A 14. TIN NO. 739-339-274 20. MOBILE NO. 09277246466

15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	eserato8@gmail.com					
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of C	CHILDREN (Write full	name and list	all)	DATE OF BIRTH	l (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)						
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	SERAT	0						
FIRST NAME	ROY	NAME EXTENSION (JR., SR)						
MIDDLE NAME	RETAN	A						
25. MOTHER'S MAIDEN NAME								
SURNAME	ASUMBRA	ADO						
FIRST NAME	NENITA	A						
MIDDLE NAME	MUNEZ	Ά		(Continue on separate sheet if neces			ssary)	
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL BASIC EDUCATION/DEGREE/COU				TTENDANCE LEVEL/		YEAR	SCHOLARSHIP/ ACADEMIC
	(Write in full)	(V	/rite in full)	From	То	UNITS FARNED	GRADUATED	HONORS RECEIVED

ELEMENTARY	SALVACION ELEMENTARY SCHOOL				2011	
	MAHAPLAG NATIONAL HIGH SCHOOL				2015	
VOCATIONAL /						
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR IN ELEMENTARY EDUCATION			ロンハンハ	ACADEMIC HONORS
GRADUATE STUDIES						
		(Continue on separate sheet if necessary)				
SIGNATURE			DATI	E		

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V. CIVIL	. SERVICE EL	IGIBILITY							
7. CAR	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	applicable)
	AL LAWS/ CES/ CS BARANGAY ELIGIE	SEE BILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATI	ON / CONF	ERMENT	NUMBER	Date of Validity
	DRIVER'S	LICENSE			BAYBA	CITY		H12-20- 003797	3/3/2025
			(Continu	ue on separate sheet if r	necessary)				
	K EXPERIENC								
8. INC	crivate employn ELUSIVE DATES (mm/dd/yyyy)	nent. Start from your red POSITION TITLE	(Write in full/Do	DEPARTMENT / AGENC	Y / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	SERVICE
From	То	not abbrevi	ate)	(Write in full/	Do not abbreviate)	SALAITI	(Format "00-0")/ INCREMENT	AI I OINTIMENT	
	5/8/2019	DESO Technical S	Support Staff	Commissio	on on Elections				Y
·									
		1		1			1		I

	(Continue on separate sheet if necessary)							
SIGNA	TURE			DATE				

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VI. VOLUN	TARY WORK OR INVO	LVEMENT	IN CIVIC / NO	N-GOVERNM	ENT / PEOPL	E / VOLUNTAF	RY ORGANIZATION/S	
29.	<del>7.1551.1200 01 0110.111112.111011</del>	(Write in	INCLUSIVE DATE	5				
29.	full)	(11110		(mm/dd/vvvv)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
			From	То				
				nue on separate sh				
VII. LEARN	NING AND DEVELOPM	ENT (L&D)	INTERVENTI	ONS/TRAININ	IG PROGRAM	S ATTENDED		
(Start from the	most recent L&D/training prog	ram and include			en for the last five (		n Chief/Executive/Managerial positions)	
	TLE OF LEARNING AND DEVELO ENTIONS/TRAINING PROGRAM		ATTENDANCE	DATES OF	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY	
	(Write in full)		From	То		Technical/etc)	(Write in full)	
			(Contir	nue on separate sh	eet if necessary)			
VIII. OTHE	R INFORMATION							
31.	SPECIAL SKILLS and HOBBI	IES	NON-ACADEMIC I	DISTINCTIONS / RE	ECOGNITION	(Write in full)	ASSOCIATION/ORGANIZATION 33. (U	Vrite

(Continue on separate sheet if necessary)					
SIGNATURE		DATE			

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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   YES   YES, give detai	✓ NO ✓ NO ils:				
35.	a. Have you ever been found guilty of any administrative offe	nse?	☐ 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 regulation by any court or tribunal?	y law, decree, ordinance or	☐ YES If YES, give detail	☑ NO ils:			
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, enophased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local election)?	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the the last election to promote/actively campaign for a national of	☐ YES If YES, give deta	☑ NO ails:				
39.	Have you acquired the status of an immigrant or permanent	YES If YES, give detail	☑ NO ils (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?		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?		YES NO If YES, please specify ID No:				
C.	Are you a solo parent?		YES If YES, please speci	✓ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
	NAME	ADDRESS	TEL. NO.				
	SWEETLYN T. CAINTIC	BAYBAY CITY	9677004233				
	MARCK ANDREW S. GALEOS	9366948161					
	LEOMARTIN T. HERSALIA	9667001095					
42.	I declare under oath that I have personally accomplished the and complete statement pursuant to the provisions of pertine the Philippines. I authorize the agency head/authorized repherein. I agree that any misrepresentation made in the filing of administrative/criminal case/s against me.	the Republic of contents stated	PHOTO				
0	PLEASE INDICATE ID Number and Date of	$\Omega$ 0					

Government Issued ID:

Driver's License

IID/License/Passport No.: <b>F12-20-003/9/</b>	Signature (Sign inside the box)  January 24, 2023	
Date/Place of Issuance: BAYBAY CITY	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issued government ID as indic	cated above.
	Person Administering Oath	

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