CS FORM 212 (Revised 2005)								
55 1 O N m 212 (Nevised 2000)	PERSO	NAL DA	ATA S	SHEET				
Print legibly. Mark appropriate bo	exes with " 🗸 and use separate sheet if necessary.			1. CS ID No.			(to be filled up by CSC)	
I. PERSONAL INFORM								
2. SURNAME	A L E J A G A	1 1 1 1			1 1 1			
FIRST NAME	M A R C E S A R			1 1 1 1	1 1 1			
MIDDLE NAME	0  C  A   D   O		<u> </u>	3. NAME E	XTENSION (e.g. Jr	r., Sr.)		
4. DATE OF BIRTH (mm/dd/yy		02 16. RESIDENTIAL A	DDRESS	468. CALAC	HUCHI ST	BRGY.	HIPUSNGO	
5. PLACE OF BIRTH	BAYBAY CITY, LEYTE			BAYBAY CIT				
6. SEX	☑ Male ☐ Female							
7. CIVIL STATUS	☑ Single ☐ Widowed		ZIP CODE 6521					
	☐ Married ☐ Separated	17. TELEPHONE NO	).					
	☐ Annulled ☐ Others, specify	18. PERMANENT AI	18. PERMANENT ADDRESS		468. CALACHUCHI ST. BRGY. HIPUSNGO			
8. CITIZENSHIP	FILIPINO			BAYBAY CITY, LEYTE, PHILIPPINES				
9. HEIGHT (m)	1.68							
10. WEIGHT (kg)	62		ZIP CODE	6521				
11. BLOOD TYPE	-	19. TELEPHONE NO	).					
12. GSIS ID NO.		20. E-MAIL ADDRES	SS (if any)	marcy.alejag	a@gmail.d	.com		
13. PAG-IBIG ID NO.		21. CELLPHONE NO	, , , , , ,					
14. PHILHEALTH NO.		22. AGENCY EMPLOYEE N						
15. SSS NO.	06-4924976-9	23. TIN		659365732				
II. FAMILY BACKGRO	UND							
24. SPOUSE'S SURNAME	N/A		25. NAME OF	CHILD (Write full name an	d list all)	DATE C	F BIRTH (mm/dd/yyyy)	
FIRST NAME	N/A		N/A				1 1	
MIDDLE NAME	N/A					1 1		
OCCUPATION	N/A					1 1		
EMPLOYER/BUS. NAME	N/A						1 1	
BUSINESS ADDRESS	N/A						1 1	
TELEPHONE NO.	N/A				1 1			
	(Continue on separate sheet if necessary)						1 1	
26. FATHER'S SURNAME	ALEJAGA					1 1		
FIRST NAME	CESAR					1 1		
MIDDLE NAME	CORTEZ					1 1		
27. MOTHER'S MAIDEN NAME							1 1	
SURNAME	OCADO					1 1		
FIRST NAME	LUELLA					1 1		
MIDDLE NAME	LORETO			(Continue	on separate shee	et if necessary)		
III. EDUCATIONAL BA	CKGROUND		ī					
28. LEVEL	NAME OF SCHOOL	DEGREE COURSE	YEAR GRADUATED	HIGHEST GRADE/ LEVEL/	INCLUSIVE ATTENI		SCHOLARSHIP/ ACADEMIC HONORS	
LEVEL	(Write in full)	(Write in full)	(if graduated)	UNITS EARNED (if not graduated)	From	То	RECEIVED	
ELEMENTARY	BAYBAY GRACE CHRISTIAN SCHOOL		2015	(" marginations,"			WITH HONORS	
SECONDARY	VISAYAS STATE UNIVERSITY- INTEGRATED HIGH SCHOOL	HUMANITIES & SOCIAL SCIENCES	2021				WITH HONORS	
VOCATIONAL / TRADE COURSE								
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF ARTS IN ANTHROPOLOGY	2025				MAGNA CUM LAUDE	
00.00.00								
GRADUATE STUDIES								
							1	

IV. CIVIL S	ERVICE ELIG	IBILI I Y							
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR)			RATING	DATE OF		LICENSE (if			
UN	UNDER SPECIAL LAWS/ CES/ CSEE			EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFERI	MENT	NUMBER	DATE OF RELEASE
V WORK	Vacatevac				sheet if necessary)	_	_	_	_
V. WORK E	XPERIENCE	(Include private	employment	. Start from y	our current work)				
	INCLUSIVE DATES (mm/dd/yyyy) POSITION (Write in			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)		MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
02 / 04 /2025	To 04 / 04 /2025	STUDENT-II	NTERN	VSU INSTITUTE FO	VSU INSTITUTE FOR STRATEGIC RESEARCH AND DEVELOPMENT STUDIES		N/A		No
1 1	1 1					N/A			
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VI. VOLUNTARY WORK OR INVOLVENIENT II	I / F LOF LL / V	OLUNIAN	ONGANIZATION/3				
31. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
CAROLINIAN SOCIOLOGICAL ANTHROPOLOGICAL SOCIETY	07 / 20 / 2024	05 / 20 /2025		VICE PRESIDENT			
CAROLINIAN SOCIOLOGICAL ANTHROPOLOGICAL SOCIETY	08 / 20 /2023	05 / 20 /2024		INTERNAL PUBLIC RELATIONS OFFICER			
		1 1	1 1				
		1 1	1 1				
		1 1	1 1				
	•	on separate sheet if	necessary)				
VII. TRAINING PROGRAMS (Start from the m	ost recent tra	aining.)					
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)		INCLUSIVE DATES (mm/do		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)		
		From	То				
USC 9th University Research Conferen	ce	04 / 25 / 2025	04 / 26 / 2025		UNIVERSITY OF SAN CARLOS		
CARSAS Educational Discussion		04 / 22 /2025	04 / 22 /2025		CAROLINIAN SOCIOLOGICAL ANTHROPOLOGICAL SOCIETY		
USC-SAS Transitioning to Professional Life Sen	ninar	04 / 08 /2025	04/ 08/2025		UNIVERSITY OF SAN CARLOS		
USC 8th University Research Conferen	04/ 19 / 2024	04 / 19 /2024		UNIVERSITY OF SAN CARLOS			
USC Work Ethics Seminar	04/ 15 /2024	04 / 15 /2024		UNIVERSITY OF SAN CARLOS			
USC Riverscan Challenge Worksho	04/ /2024	04 / /2024		UNIVERSITY OF SAN CARLOS			
USC-DASH Research Forum	03/ 15 /2024	03/ 15 / 2024		UNIVERSITY OF SAN CARLOS			
IDP Education Study In Australia Ca	03 / 09 /2024	03/ 09/2024		IDP			
USC Days PsycFlix Webinar	10/ 28 / 2021	10 / 28 /2021		UNIVERSITY OF SAN CARLOS			
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(Continue on separate sheet if necessary)							
VIII. OTHER INFORMATION					MEMBERSHIP IN		
33. SPECIAL SKILLS / HOBBIES:	34. NO	ON-ACADEMIC DISTII (Wri	MEMBERSHIP IN 35. ASSOCIATION/ORGANIZATION (Write in full)				
	,,,						
	(Continue	on separate sheet if	necessary)		CC EODM 242 (Davided 2005), Dec. 2, 54		
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<sup>36.</sup> Are you related by consanguinity or affinity to any of					
a. Within the third degree (for National Government En appointing authority, recommending authority, chief has immediate supervision over you in the Office, Bo appointed?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————				
b. Within the fourth degree (for Local Government Empappointing authority or recommending authority whe	☐ YES ☑ NO If YES, give details:				
37 a. Have you ever been formally charged?	NO				
b. Have you ever been guilty of any administrative o	If YES, give details:  ☐ YES ☑ NO  If YES, give details:				
38. Have you ever been convicted of any crime or violat regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
39. Have you ever been separated from the service in a retirement, dropped from the rolls, dismissal, termina phased out, in the public or private sector?	☐ YES ☑ NO  If YES, give details:				
40. Have you ever been a candidate in a national or local	☐ YES ☑ NO If YES, give details:				
<sup>41.</sup> Pursuant to: (a) Indigenous People's Act (RA 8371); 7277); and (c) Solo Parents Welfare Act of 2000 (RA					
a. Are you a member of any indigenous group?		□YES ☑NO			
<sup>b.</sup> Are you differently abled?		If YES, please specify: ☐ YES  ☑ NO			
c. Are you a solo parent?	If YES, please specify: ☐ YES ☐ NO  If YES, please specify:				
42. REFERENCES (Person not related by consanguinity or affinity to	applicant / appointee)				
NAME	ADDRESS	TEL. NO.			
LENY G. OCASIONES, Ph.D.	CEBU CITY Igo	casiones@usc.edu.ph	ID picture taken within		
ZONA HILDEGARDE S. AMPER, Ph.D.	,	zhsamper@usc.edu.ph	the last 6 months 3.5 cm. X 4.5 cm		
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.  I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.  (passport size)  Computer generated or xerox copy of picture is not acceptable					
COMMUNITY TAX CERTIFICATE NO.  ISSUED AT	July Chingson				
/ / ISSUED ON (mm/dd/yyyy)		RIGHT THUMBMARK			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		CS	S FORM 212 (Revised 2005), Page 4 of 4		