CS Form No. 212 Revised 2017

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 person concerned. | | | | | | | | | | |
|---|---------------------------------|------------------------|---|--------------------------------|---|----------------|--------------------------------------|--------------------------|--|--|
| READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes | | | | | | 1. CS ID No. | | (Do not fill up. For | CSC use only) | |
| I. PERSONAL INFORMATIO | | 21416 611661 11 11666 | oary, maioate viii ii iiot appiioate | | | | | (20 1101 1111 1211 131 | eee acc cingy | |
| 2. SURNAME | Reyes | | | | | | | | | |
| FIRST NAME | Edmond NAME EXTENSION (JR., SR) | | | | | | | | | |
| MIDDLE NAME | Lapuz | | | | | | | | | |
| 3. DATE OF BIRTH | 08/18/1997 | | | | | | | | | |
| (mm/dd/yyyy) | 00/10/13/ | | 16. CITIZENSHIP | | Filipino | L | Dual Citizen | <u>.</u> | -ation | |
| 4. PLACE OF BIRTH | | | If holder of dual citizens | hip, | | | | by naturalizate country: | zauon | |
| 5. SEX | ■ Male | Female | please indicate the deta | | | | | | • | |
| 6 CIVIL STATUS | Single | Married | 17. RESIDENTIAL ADDRESS | | | | | | | |
| 6 CIVIL STATUS | Widowed | Separated | 17. NEGIDENTIAL ADDALEGO | | House/Block/Lot No. | | | Street | | |
| | Other/s: | | | | Subdivision/Village | | | Pangasugan Barangay | | |
| 7. HEIGHT (m) | 1.77 m | | | Baybay city City/Municipality | | | Leyte Province | | | |
| 8. WEIGHT (kg) | 110 kg | | ZIP CODE | | окулишныранцу | | | | | |
| 9. BLOOD TYPE | O+ | | 18. PERMANENT ADDRESS | House/Block/Lot No. | | Street | | | | |
| 10. GSIS ID NO. | | | | | | | | | | |
| 11. PAG-IBIG ID NO. | | | | | Subdivision/Village | | | Barangay | | |
| 12. PHILHEALTH NO. | | | ZIP CODE | ZIP CODE City/Municipality | | | | Province | | |
| 13. SSS NO. | | | 19. TELEPHONE NO. | | | | | | | |
| 14. TIN NO. | | | 20. MOBILE NO. | 0946 516 | 0946 516 2999 | | | | | |
| 15. AGENCY EMPLOYEE NO. | | | 21. E-MAIL ADDRESS (if any) | Reyesedmond18@gmailcom | | | | | | |
| II. FAMILY BACKGROUND | | | | | | | | | | |
| 22. SPOUSE'S SURNAME | | | 23. NAME of CHILDREN (Write full name | | I name and list a | all) | DATE OF BIRTH (mm/dd/yyyy) | | | |
| FIRST NAME | | | NAME EXTENSION (JR., SR) | | | | | | | |
| MIDDLE NAME | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | |
| EMPLOYER/BUSINESS NAME | | | | | | | | | | |
| BUSINESS ADDRESS | S ADDRESS | | | | | | | | | |
| TELEPHONE NO. | | | | | | | | | | |
| 24. FATHER'S SURNAME | Reyes | | _ | | | | | | | |
| FIRST NAME | Reginaldo | | NAME EXTENSION (JR., SR) | | | | | | | |
| MIDDLE NAME | Gutierrez | | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | Lapuz | | | | | | | | | |
| SURNAME | Reyes | | | | | | | | | |
| FIRST NAME | Eleonor | | | | | | | | | |
| MIDDLE NAME | Lapuz | | | | (Continue on separate sheet if necessary) | | | | | |
| III. EDUCATIONAL BACKGROUND | | | | | | | | | | |
| 26. LEVEL | | F SCHOOL e in full) | BASIC EDUCATION/DEGREE (Write in full) | E/COURSE | PERIOD OF AT | TENDANCE To | LEVEL/ UNITS EARNED (if not | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED | |
| ELEMENTARY | Zamora Elementar | ry School | | | 2003 | 2009 | (11 | 2009 | | |
| SECONDARY | Holy Infant Colleg | ge | | | | 2014 | | 2014 | | |
| VOCATIONAL / TRADE COURSE | | | 1 | | | | | | | |
| COLLEGE | Visayas State Uni | iversity | Bachelor in Animal Science | | 2014 | 2021 | | 2021 | | |
| GRADUATE STUDIES | | | <u> </u> | | | | | | | |
| | | | (Continue on separate sheet i | if necessary) | | <u>L</u> | ! | | <u> </u> | |
| SIGNATURE | | · | | | DAT | E | | | | |

| IV. | CI <u>VIL</u> S | SERVICE EL | IGIBILITY | | | | | | | |
|--|---|---------------------------|------------------------------------|--------------------|---|---------------------------|----------|--|--------------------------|----------------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER | | | 1080 (BOARD/ BAR) UNDER | RATING | DATE OF | | | | LICENSE (if applicable) | |
| | SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | (If Applicable) | | | | ERMENT | NUMBER | Date of Validity | |
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| 14 | VA DIA | EVACALENA | - | (Contir | ue on separate sheet if I | necessary) | | | | |
| V. V (Incl | VORK i ude pri | EXPERIENC vate employn | E nent. Start from your red | cent work) Descrip | tion of duties should | d be indicated in the att | ached Wo | ork Experier | ce sheet. | |
| 28. INCLUSIVE DATES (mm/dd/yyyy) | | m/dd/yyyy) | POSITION 7 (Write in full/Do no | | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | | | MONTHLY SALARY SALARY SALARY SALARY SALARY SALARY/JOB/ PAY GRADE (if applicable)& STEP (format "00-0")/ INCREMENT | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| ŀ | rom | То | | | | | | INCREMENT | | |
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| | SIGN | ATURE | | (Contir | ue on separate sneet it i | DATE | | | | |

| VI. VOLUNTARY WORK OR INVOLVEMENT I | | | ENT / PEOPLE | :/VOLUNTAR | Y ORGANIZATION/S | |
|---|---------------------------------|------------------------------------|-----------------------------------|---|--|--|
| 29. NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | | |
| | From | То | | | | |
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| VII. LEARNING AND DEVELOPMENT (L&D) | | | heet if necessary) | ATTENDED | | |
| (Start from the most recent L&D/training program and include | | | | | Chief/Executive/Managerial positions) | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | | DATES OF DANCE d/yyyy) To | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) | |
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| | (Conti | nue on separate s | theet if necessary) | | | |
| VIII. OTHER INFORMATION | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | NON | | INCTIONS / RECOGI ite in full) | NITION | MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full) | |
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| | (Conti | nue on separate s | theet if necessary) | | | |
| SIGNATURE | | | | ATE | | |

| 34. | Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate so Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Carea | ☐ 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 NO If YES, give details: Date Filed: Status of Case/s: | | | | | | |
| 36. | Have you ever been convicted of any crime or violation of any regulation by any court or tribunal? | ☐ YES If YES, give detail | NO S: | | | | | |
| 37. | Have you ever been separated from the service in any of the f retirement, dropped from the rolls, dismissal, termination, end phased out (abolition) in the public or private sector? | | YES If YES, give detail | ☐ YES NO If YES, give details: | | | | |
| 38. | a. Have you ever been a candidate in a national or local electi (except Barangay 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 | • | ☐ YES ☐ NO If YES, give details: | | | | | |
| 39. | Have you acquired the status of an immigrant or permanent re | ☐ YES ■ NO If YES, give details (country): ———————————————————————————————————— | | | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897 | | | | | | | |
| a. | Are you a member of any indigenous group? | • | YES If YES, please specif | NO NO | | | | |
| 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 specif | | | | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant /a | appointee) | | | | | | |
| | NAME | ADDRESS | TEL. NO. | ID picture taken within the last 6 months | | | | |
| | | | | 3.5 cm. X 4.5 cm (passport size) | | | | |
| | | | | With full and handwritten name tag and signature over | | | | |
| | | | | printed name Computer generated | | | | |
| 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 repreherein. 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 | or photocopied picture is not acceptable PHOTO | | | | |
| | Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | il I | | | | |
| | PLEASE INDICATE ID Number and Date of Issuance Sovernment Issued ID: | | | | | | | |
| lŀ | D/License/Passport No.: | Signature (Sign inside th | ha havi | | | | | |
| l H | Date/Place of Issuance: | ed | Right Thumbmark | | | | | |
| SUB | SCRIBED AND SWORN to before me this | , affiant exhibiting his/her validly i | ssued government ID as | s indicated above. | | | | |
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| | | Person Administering | Oath | | | | | |