CS Form No. 212 Revised 2017		PERS	ONAL DAT	TA SHE	ET			
concerned. READ THE ATTACHED GU	UIDE TO FILLING OUT	THE PERSONA	net and the Work Experience She L DATA SHEET (PDS) BEFORE ary. Indicate N/A if not applicable. DO	ACCOMPLISHING TH		e/criminal o	case/s against the per	
I. PERSONAL INFORM	COLUMN THE REAL PROPERTY.	ato direct il ricocco						
2. SURNAME	PACALDO		THE RESIDENCE PROPERTY.	Control of the same				
FIRST NAME	JHONLESTER	2.		NAN	NAME EXTENSION (JR., SR)			
MIDDLE NAME	MABALI		3					
DATE OF BIRTH     (mm/dd/yyyy)	3/17	7/1996	16. CITIZENSHIP	☑ Filipino		al Citizensh		
4. PLACE OF BIRTH	ISABE	L, LEYTE	If holder of dual citizenship,			by birth by naturalizati		
5. SEX	✓ Male	☐ Female	please indicate the details.					
6 CIVIL STATUS	✓ Single  ✓ Widowed  ✓ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	BLK 17, LOT 3 House/Block/Lot RISE INFINITY GR Subdivision/Villa	No. OOVE		Street MARGEN Barangay	
7. HEIGHT (m)		5'1		ORMOC City/Municipali			LEYTE Province	

ZIP CODE

ZIP CODE

21. E-MAIL ADDRESS (if any)

NAME EXTENSION (JR., SR)

NAME EXTENSION (JR., SR)

BASIC EDUCATION/DEGREE/COURSE

(Write in full)

PRIMARY

SECONDARY

NATIONAL CERTIFICATE II - COOKERY

BACHELOR OF TEACHING HOME

ECONOMICS AND LIVELIHOOD EDUCATION

MASTER OF ARTS EDUCATION MAJOR IN

TECHNOLOGY EDUCATION

6/3/2002

6/7/2004

3/7/2016

6/4/2012

6/2/2018

19. TELEPHONE NO.

20. MOBILE NO.

NA

NA

NA

NA

NA

NA

**PACALDO** 

MALINGIN

MABALI

TITA

**TABURADA** 

ORMOC

City/Municipality

6541

18. PERMANENT ADDRESS

67 KG

1211-7286-9117

NA

**GERRY** 

NAME OF SCHOOL

(Write in full)

CAMP DOWNES ELEMENTARY

SCHOOL NEW ORMOC CITY NATIONAL HIGH

SCHOOL TECHNICAL EDUCATIONAL AND

SKILLS DEVELOPMENT AUTHORITY

EASTERN VISAYAS STATE

UNIVERSITY

PALOMPON INSTITUTE OF

TECHNOLOGY

130501842185

34-6003049-7

333-079-983

E160021

9. WEIGHT (kg)

9. BLOOD TYPE

10. GSIS ID NO.

11. PAG-IBIG ID NO

12. PHILHEALTH NO.

15. AGENCY EMPLOYEE NO.

22. SPOUSE'S SURNAME

FIRST NAME

MIDDLE NAME

OCCUPATION

FAMILY BACKGROUND

EMPLOYER/BUSINESS NAME

**BUSINESS ADDRESS** TELEPHONE NO.

24. FATHER'S SURNAME

MOTHER'S MAIDEN NAME

EDUCATIONAL BACKGROUND

LEVEL

FIRST NAME MIDDLE NAME

SURNAME

FIRST NAME

MIDDLE NAME

ELEMENTARY

SECONDARY

VOCATIONAL /

TRADE COURSE

**GRADUATE STUDIES** 

SIGNATURE

26

13 SSS NO

14. TIN NO

MARGEN Barangay LEYTE Province 6541 BLK 17, LOT 34 House/Block/Lot No Street RISE INFINITY GROOVE Barangay Subdivision/Village LEYTE Province 09097752863/09060528746 jhonlestermabali@gmail.com 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NA (Continue on separate sheet if necessary) HIGHEST LEVEL PERIOD OF ATTENDANCE YEAR **ACADEMIC** UNITS EARNED GRADUATED HONORS (if not graduated) To RECEIVED 3/28/2008 GRADUATED 2008 3/30/2012 GRADUATED 2012 5/20/2016 COMPLETED 2016 CONGRES 4/6/2016 GRADUATED 2016 SIONAL 18 Units DATE Mau 2021 17 CS FORM 212 (Revised 2017), Page 1 of 4

(Do not fill up. For CSC use only)

e NE	ER SERVICE/ RA 108			DATE OF				LICENSE (if a	pplicable)
			RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINATION CONFERMENT			ERMENT	NUMBER	Date of Validity
RA 1080		76.8	9/1/2016 TACLOBAN CI		ITY, LEYTE		1487143	3/17/202	
			(Cont	inue on separate sheet if n	ecessary)				
	EXPERIENCE vate employmer	nt. Start from your rec	ent work) Descri	ption of duties should	I be indicated in the at	tached W	STATE OF THE PERSON NAMED IN	nce sheet.	
include private employment. Start from your recent work) Descrip inclusive DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate) From To		DEPARTMENT / AGE! (Write in full/I	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)			
8/2021	4/30/2021	FIELD SUPER	Adams of some series a some	PHILIPPINE STATISTICS AUTHORITY PHILIPPINE STATISTICS AUTHORITY		P 21, 710.00	NA NA	CSW	Y
10/2016	6/30/2020	REGISTRATION OFFICER II TEACHER		BASIC EDUCATION COLLEGE	40,000.00 P 14,200.00	NA NA	PERMANENT	N	
SIGN	ATURE		(Cont	inue on separate sheet if n	ecessary) DATE	Ma	1 (7,	2,02 /	

\*

NAME & ADDRESS OF ORGANIZATION	INCLUSI	VE DATES			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	2015/2016/20	dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
NA	NA	NA	NA		NA
NA	NA	NA	NA		NA
NA	NA	NA	NA		NA
NA	NA	NA	NA		NA
NA	NA	NA	NA		NA
NA	NA	NA	NA		NA
NA	NA	NA	NA		NA
III. LEARNING AND DEVELOPMENT (L&D) Start from the most recent L&D/training program and inclu	INTERVENTION INTERVENTION	ONS/TRAININ			Chief/Executive/Managerial positions)
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	The state of the s	NDANCE dd/vvvv) To	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
iwa Innovators Congress: Stand for Innovatiion	11/17/2018	11/17/2018	10.0	Technical	Diwa Learning Systems Inc. Bato Balani Foundation Inc.
Technology Integration for Learning	5/30/2018	6/1/2018	30.0	Technical	Diwa Learning Systems Inc.
Technology Integration for Learning an LMS	7/22/2019	7/23/2019	20.0	Technical	Diwa Learniing Systems Inc.
2018 CEAP 8 Annual Regional Assembly	9/15/2018	9/15/2018	8.0	Managearial	Catholic Educational Association of th Philippines
PhilSys Pre-Registration Training	10/1/2020	10/3/2020	24.0	Managearial & Technical	Philippine Statistics Authority
	(Can	tinue on senarate	sheet if necessary)		
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES		NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)
Cooking			onth of June to Nonal Book Week otramurals 2018		NA
Baking	Committe	e during the Ir Colleg	NA		
	GENYO Teacher for the Month of August 2018 Employee Awardee for the Academic Year 2017 - 2018 for				NA NA
			NA		
	promptness in coming to school Committee during the Intramurals 2019 at St. Peter's College of Ormoc Guest of Honor during the 2019 Graduation Ceremony of Grade 6 pupils at Camp Downes Elementary School			NA	
				NA	
:	3,440 0	C COUNTY	and Miles	2011001	NA
	(Co/	tinue on separate	sheet if necessary)		
CICNATURE		£		ATE	11 15 6 5 6
SIGNATURE	`	1	D.	ATE	May 17, 2021

34. Are you related by consanguinity or affinity to the appointing					
chief of bureau or office or to the person who has immedia	te supervision over you in the				
Bureau or Department where you will be apppointed,					
a. within the third degree?		YES NO			
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☑ NO			
		If YES, give details:			
35. a. Have you ever been found guilty of any administrative o	ffense?	☐ YES ☑ NO			
		If YES, give details:			
		☐ YES ☑ NO			
b. Have you been criminally charged before any court?		If YES, give details:			
		Date Filed:			
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or				
regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	11 120, give assault.				
<ol> <li>Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, et</li> </ol>	0 0	YES V NO			
phased out (abolition) in the public or private sector?	ond or torni, illiioned contract of	If YES, give details:			
38. a. Have you ever been a candidate in a national or local el	ection held within the last year				
(except Barangay election)?	and the manner of the second	☐ YES ☑ NO If YES, give details:			
<ul> <li>b. Have you resigned from the government service during the last election to promote/actively campaign for a national</li> </ul>		YES VO			
		If YES, give details:			
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES ☑ NO			
		If YES, give details (country):			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma					
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8	3972), please answer the following				
a. Are you a member of any indigenous group?		☐ YES ☑ NO			
		If YES nlagge engrifu			
b. Are you a person with disability?		ii i LO, picase specily.			
		If YES, please specify ID No:  YES  NO NO			
c. Are you a solo parent?					
		If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)				
NAME					
	ADDRESS	TEL. NO.			
Mr. Mark Anthony B. Malinao	Brgy. Simangan, Ormoc City	9453372529			
Mrs. Genevie M. Jaculbe	Brgy. Dayhagan Ormoc City	9305707292			
Mrs. Alicia Dejaño Stamm	Brgy. Bantigue,Ormoc City	9175714637/ 053-			
42. I declare under oath that I have personally accomplished		520-7011			
and complete statement pursuant to the provisions of per	tinent laws, rules and regulations o	s a true, correct			
the Philippines. I authorize the agency head/authorized r	representative to verify/validate the	contents stated JHONVETTER M. PACALDO			
herein. I agree that any misrepresentation made in	this document and its attachments	s shall cause the PHOTO	_		
filing of administrative/criminal case/s against me.					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance		n de la companya de l			
Government Issued ID: PRC	7				
ID/License/Passport No.: 1487143					
	the box)				
Date/Place of Issuance: 12/09/2016 Tacloban City	19ay 17, 2 Date Accomplish	ed Right Thumbmark			
A 7 MAY	2021				
SUBSCRIBED AND SWORN to before me this	affiant exhibiting his/her valid	y issued government ID as indicated above.			
		,			
	ATTY INCEDIT ADDA I CALL	DAVAN			
	ATTY. JOSEPH KARRY L. CALIF	nion :			
	Public Attorney II Pursuant to RA 94				
	Person Administering	Oath	10		