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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes []) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME LAGUE NAME EXTENSION (JR., SR) FIRST NAME MA. NELIA NAVARRO MIDDLE NAME 3. DATE OF BIRTH 01/26/1999 16. CITIZENSHIP ✓ Filipino (mm/dd/yyyy) Dual Citizenship by birth by naturalization **CEBU CITY** 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Male √ Female 5. SEX N/A CENTRO ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS Widowed Separated House/Block/Lot No N/A TILHA-ONG Other/s: Subdivision/Village Barangay CONSOLACION CEBU 7. HEIGHT (m) 1.57 City/Municipality Province 80 8. WEIGHT (kg) ZIP CODE 6001 CENTRO 18. PERMANENT ADDRESS N/A 9. BLOOD TYPE 0+ House/Block/Lot No N/A TILHA-ONG 10. GSIS ID NO. N/A ubdivision/Village Barangay CONSOLACION CEBU 11. PAG-IBIG ID NO. 121276810363 Citv/Municipality Province 12. PHILHEALTH NO. 120260108412 ZIP CODE 13. SSS NO. 34-9793111-6 19. TELEPHONE NO. N/A 14. TIN NO. 0921-485-5002 398-655-760-000 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) nelialague1@gmail.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A LAGUE 24. FATHER'S SURNAME FIRST NAME **ALBERTO** MIDDLE NAME **ACLON** 25. MOTHER'S MAIDEN NAME SURNAME NAVARRO **NELFA** FIRST NAME **PORRAS** MIDDLE NAME (Continue on separate sheet if necessary)

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I	III. EDUCATIONAL BACKGROUND									
	26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE			YEAR GRADUATED			
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	ELEMENTARY	SAN ROQUE CHILD DEVELOPMENT SCHOOL	ELEMENTARY				12012	WITH HONORS		
ĺ	SECONDARY	MANDAUE CITY SCIENCE HIGH SCHOOL	JUNIOR HIGH SCHOOL AND SENIOR HIGH SCHOOL				12018	WITH HONORS		
	VOCATIONAL /	N/A								
	COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL AND BIOSYSTEMS ENGINEERING				2022	CUM LAUDE		
	GRADUATE STUDIES	N/A								
l	(Continue on separate sheet if necessary)									
ĺ	SIGNATURE	And the		DA	TE	,	JULY 15, 2024			

2	IV. <u>CIVIL S</u>	SERVICE ELIG	GIBILITY							
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									NUMBER	Date of Validity
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V. WORK EXPERIENCE 20. NCLINSTOCHATS [Windows programs Start from your recent world Description of duties allouid be indicated in the attached Work Experience short. 20. NCLINSTOCHATS [Windows programs of the programs										
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To Italian						(Write in		GRADE (if applicable)& STEP		SERVICE
1/2024 1/2024 ENGINEER DEPARTMENT (VISAYAS 1/2024 ENGINEER	From	То	abbreviat	9)		ŕ	UALART	(Format "00-0")/ INCREMENT	ALL OUNTIMENT	
132024 Tri/12024 ENGINEER DEPARTMENT OF AGRICULTURES REGIONAL FIELD OFFICE 7 22938.00 CONTRACT OF SERVICE	12/9/2022	6/30/2023	INSTRUC	TOR	BIOSYSTEMS EN	GINEERING / VISAYAS	13000.00			Y
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SIGNATURE DATE JULY 15, 2024	SIGN	ATURE	2	A MAN		DATE	JULY 15, 2024			

I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
	, VEWIENT IN CIVIC / NON-GOVERNMENT		INCLUSIVE DATES		N/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in fu	ıll)	From	(mm/dd/vvvv)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		FIOIII	То			
	(Cor	ntinue on separate	sheet if necessary,			
VII. LEARNING AND DEVELOPMENT (L&D)		ROGRAMS AT	TENDED			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN	ITIONS/TRAINING PROCRAMS	INCLUSIVE ATTENDANCE	DATES OF		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in		(mm/e	dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
		From	То		,	
N/A						
	(Cor	ntinue on separate	sheet if necessary			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	COGNITION	(Write in full)			MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write in
MATHEMATICAL SKILLS						PHILIPPINE SOCIETY OF AGRICULTURAL
COMPUTER LITERATE GRAPHIC DESIGN BASIC ENGINEERING SOFTWARE BASIC AUTOCAD						AND BIOSYSTEMS ENIGNEERS
	(Con	ntinue on separate	sheet if necessary			
SIGNATURE				ATE	July 15, 2024	

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?	oor Employoos\2	☐ YES	✓ NO			
	b. within the fourth degree (for Local Government Unit - Care	eer Employees/?		l√ NO			
35.	a. Have you ever been found guilty of any administrative offer	ense?	YES	✓ NO			
			If YES, give detail	ls:			
			-				
	b. Have you been criminally charged before any court?		YES	✓ NO			
			If YES, give detail Date Filed:	IS:			
			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of ar	ny law, decree, ordinance or regulation	YES	✓ NO			
	by any court or tribunal?		If YES, give detail				
37.	Have you ever been separated from the service in any of the		YES	☑ NO			
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		If YES, give detail	ls:			
38.	a. Have you ever been a candidate in a national or local electron and the same and a sam	ction held within the last year (except	☐ YES If YES, give deta	✓ NO iils:			
	b. Have you resigned from the government service during th election to promote/actively campaign for a national or local		YES If YES, give deta	✓ NO iils:			
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES				
			If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?		YES	✓ NO			
h	Are you a person with disability?		If YES, please specif				
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	fy ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
	NAME	ADDRESS	TEL. NO.				
	MA. NEKKA A. SESPENE	CONSOLACION, CEBU	9688256125				
	FELICIANO L. SINON, JR.	BAYBAY CITY, LEYTE	9394477500				
	LOLITA A. BALAGOSA	QUEZON CITY	9088640153				
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
O	PLEASE INDICATE ID Number and Date of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	overnment Issued ID: DRIVER'S LICENSE	A at W					
l H	overment Issued ID: DRIVER'S LICENSE //License/Passport No.: G05-17-007008						
ΙH		Signature (Sign inside the bound of JULY 15, 2024	ox)				
Da	ate/Place of Issuance: CEBU CITY		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	ting his/her validly issue	d government ID as indicated above.				
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