CS Form No. 212	the second process of the second second second second		The state of the s			A 10-21	Secure Selection		A SWAME TO	
Revised 2017	PERSO	ON	AL DATA	A SH	EET					
WARNING: Any misrepresentation	tion made in the Personal Data Sheet ar	nd the V	Vork Experience Sheet sh	all cause the f	iling of adn	ninistrative	criminal case/s	against the pe	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA						10/A 1 A	(Do not fill up. Fo	v CSC use only)	
Print legibly, Tick appropriate boxes 1. PERISONAL INFORTMATIO) and use separate sheet if necessary. In 	ndicate N	/A if not applicable. DO NOT	ABBREVIATE.		1. ÇS ID No.		(Do not mi up. r c	i 656 dae drily)	
2. SURNAME	GAIDATIDAT									
FIRST NAME				+		T,	IAME EXTENSION (JR.	SR) N/A		
	MONAGA DOCURES									
MIDDLE NAME 3. DATE OF BIRTH	MORAL									
(mm/dd/yyyy)	05/10 12002		16. CITIZENSHIP		Filipino Dual Citizenship by birth			by naturalization		
4. PLACE OF BIRTH	PINABACDAO, SAMAR		If holder of dual citizen:	ship,	Pls. indicate			ountry:		
5. SEX	Male Female	le	please indicate the det	ails.			and a first ord a view partition of			
6 CIVIL STATUS	✓ Single Marrie	ed 1	7. RESIDENTIAL ADDRESS		e/Block/Lot No.			PUROK 3		
	Widowed Separa Other/s:	rated		Hous	E/BIOCK/LOT NO.			BOTOC		
7 HEIGHT (m)	1.54	\dashv			ivision/Village	D	15	Barangay SAMAR		
	·	_			/Municipality			Province		
8. WEIGHT (kg)	55		ZIP CODE	670	77			purok b		
9. BLOOD TYPE	D	1	8. PERMANENT ADDRESS	House	e/Block/Lot No.			Street		
10. GSIS ID NO.	N/A			Subo	livision/Village			Barangay		
11. PAG-IBIG ID NO.	N/A			PIA	VANACD VMunicipality	AO		JAMAR Province	and the second second second	
12. PHILHEALTH NO.	N/A	\neg	ZIP CODE	670				Tomice		
13. SSS NO.	N/A	-	9. TELEPHONE NO.		AN					
14. TIN NO.	N/A	-	20, MOBILE NO.	4		(4,510				
		-			09512166512			mil-com		
15. AGENCY EMPLOYEE NO.	NIA	2	21 E-MAIL ADDRESS (if any)	gae	gabatbat monaliadolores@gr			2(1-COP)		
THE PARTIES : 12 (0.15) TO SHOW TO				23. NAME of CHIL	DDEN (Mile)	full name and li	et all)	DATE OF BIRTH	I (mm/ddhana)	
22. SPOUSE'S SURNAME	N/A	ĮN	IAME EXTENSION (JR., SR)	23. TOTAL OF CITIE			st dil)	N/A		
FIRST NAME	N/A		NA	-	N/A			NA		
MIDDLE NAME	N/A							1		
OCCUPATION	N/A									
EMPLOYER/BUSINESS NAME	N/A									
BUSINESS ADDRESS	N/A									
TELEPHONE NO.	N/A					-				
24. FATHER'S SURNAME	GAIDATIBAT	IN.	NAME EXTENSION (JR. SR) JR.				h			
FIRST NAME	RAMON		JR.							
MIDDLE NAME	ABAINZA									
25. MOTHER'S MAIDEN NAME										
SURNAME	MORAL									
FIRST NAME	DEUA									
MIDDLE NAME	AMARRACOST			i,	(Co	ontinue on sep	parate sheet if neces.	sary)		
III. EDUCATIONAL BACKE	ROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP: ACADEMIC HONORS RECEIVED	
ELEMENTARY	PINABACDAD CENTRAL EVEMENTARY SCHOOL		ELEMENTARY		2006	2014	NA	2014	WITH HONORS	
SECONDARY	CAUDIGA NATIONAL		JUNIOR HIGH SCH SENIOR HIGH SCH		2014	2020	N/A	2020	HUNDRS	
VOCATIONAL / TRADE COURSE	HIGH SCHOOL		NIA		N/A	N/A	N/A	N/A	NA	
COLLEGE	SAMAR STATE UNIVERSI	ידו	DACHELOR OF SEC EDUCATION MAJOR SOCIAL STUDIES	2020	2024	N/A	2024	CAUDE		
GRADUATE STUDIES	N/A		N/A		AVA	AVA	N/A	N/A	N/A	
SIGNATURE	(Continue on separate sheet if necessary)				DATE		04/02/2025		de la la	

7. CARE	SERVICE E		NOER DATING	DATE OF	Secretary and Section	responding to the second			LICENSE (if applicable	
	SPECIAL LA	RA 1080 (BOARD/ BAR) UNDER RATING LAWS/ CES/ CSEE IBILITY / DRIVER'S LICENSE (If Applicable		EXAMINATION / CONFERMENT	PLACE OF EXAM	ONFERMENT	NUMBER	Date of Validity		
				SEPTEMBER				100108241	JUNE	
PD 907	-HONOR	GRADUATE	N/A	17,2024	CSC ROV	W	A SECTION	819	26,20	
			- probe eterpes			1 /	The section of the se	The second second	110.75	
							est total			
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8			(Cc	antinue on separate slid	entcessa) y				1	
	EXPERIEN				Mindicated in the att	ached Wo	rk Experies	de she		
	USIVE DATES nm/dd/yylyy	POSITIO			GCY / OFFICE / COMPAN Do not abbrevijate	/ MONTHLY SALARY	SALARY/ JOB/ PA GRADE (if applicable)& STE (Format "00-0")/ INCREMENT	CTATUS OF	GOV'T SERVIC (Y/ N)	
N/A	N/A	N/A		N/A		N/A	N/A	A/N	N/A	
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			(Cor	ntinue on separate sife	ratcessalv					

VI, VOLUNTARY WORK O PEOPLE / VOLUNTARY O	R INVOLVEMEN	T IN CIVIO	C/NON-G	OVERNM	ENT/	
29. NAME & ADDRESS (Write in ful	OF ORGANIZATION	INCLUSIV (mm/dd	Дуууу)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		From	N/A	N/A	-2 T-44 s	standard N/A Created and respect about one for the
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					10-20-20-2	Page Vendice Internation of the region of the American
				sheet if neces		
VII. LEARNING AND DEV PROGRAMS ATTENDED (Start from the most recent L&DI	iralning program and	nelude enly				
five (5) years for Division Chiefi⊆	keanive) (m.g.žir) g	INCLUSIVE	DATES OF		Type of LD	to the state of the spirit of the state of t
30. TITLE OF LEARNING A INTERVENTIONS/TRAINING PROC (Write in fu	GRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
NIA	,	From N/A	To N/A	N/A	N/A	N/A
NIA		INIA	INA	INIA	14/7	
						Table 12 10 10 10 10 10 10 10 10 10 10 10 10 10
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				14 - 5-5		AND CONTRACTOR OF THE PARTY OF
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		1 /	9-1	torial full		CONTRACTOR TO SERVICE FOR THE SERVICE SERVICE SERVICES
Y		(Continue	on separate :	sheet if neces	sary)	Para Para Para Para Para Para
VIII. OTHER INFORMATIC						
31.SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DI 32.	STINCTIONS	/ RECOGNIT			MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Wite in full)
TEACHING		N/A				N/A
COMPUTER LITERATE						AND THE RESERVE OF TH
COMMUNICATION						
COWARDRATION						
PROPUEM-SOLVING						
TIME MANAGEMENT				,	,	
		(Continue	on separate s	heet if neces	sary)	1. 10.7

34. Are you related by consanguinity	or affinity to the appointing	YES NO	
or recommending authority, or to	the chief of bureau or office	YES NO	
or to the person who has immed	iate supervision over you in	If YES, give details:	
the Office, Bureau or Departmen			And the second second
apppointed, a. within the third de b. within the fourth degree (for Lo		Count Sunt Aun	
Employees)?	ocal Government ont - career		
35. a. Have you ever been found gui	Ity of any administrative offense?	YES NO	
		If YES, give details:	
			and the same of th
b. Have you been criminally cha	rand hefere any court?	YES NO	
b. Have you been climinally cha	iged before any court	If YES, give details:	
		Date Filed:	
36. Have you ever been convicted or decree, ordinance or regulation	f any crime or violation of any law,	YES NO If YES, give details:	
decree, ordinance or regulation	by any court of the anal.	If FES, give details.	and the same of th
and the second contract of the second contrac	the control in any of the		
37. Have you ever been separated fi following modes: resignation, re	tirement, dropped from the rolls,	YES NO If YES, give details:	
dismissal, termination, end of te	rm, finished contract or phased		The second secon
out (abolition) in the public or pr	vate sector?		LIAN AND DESCRIPTION AND A PAGE
held within the last year (except	Barangay election)?	☐ YES	XX X X
b. Have you resigned from the g			ene.
three (3)-month period before th	e last election to promote/actively	YES If YES, give details: NO	
campaign for a national or local		If YES, give details:	
39. Have you acquired the status of resident of another country?	an immigrant or permanent	YES NO If YES, give details (country):	
,		TEO, give details (country).	
40. Pursuant to: (a) Indigenous Peop	ole's Act (RA 8371); (b)		
Magna Carta for Disabled Persons		YES Z	
Parents Welfare Act of 2000 (RA 89	72), please answer the	If YES, please	specify:
following items: a. Are you a member	er of any indigenous group?	If YES, please No	specify ID No:
Assume person with disability		☐ YES If YES, please NO	specify ID No:
b. Are you a person with disability?		If YES, please	speedly to No.
c. Are you a solo parent?			
41.REFERENCES (Person not related by cons.	annulaity or officilly to applicant (appointed)		
	ADDRESS	TEL. NO.	
TVVIL			
CHEREY MIE A. DACDAC	CEIBU CITY	09459822888	
MARK CHRISTIAN D. SAGUIGI	TACLOBAN CITY	09989247618	
MARIA TANIA CABORNAY	CAUBIGA, SAMAR	09207526716	-
		conal Data Sheet which is a true, correct	
and complete statement pursuar	nt to the provisions of pertinent law	ws, rules and regulations of the Republic	
of the Philippines. I authorize the	ne agency head/authorized repre	sentative to verify/valldate the contents cument and its attachments shall cause	
the filing of administrative/crimin	al case/s against me.		
			MONALIA DOLORES M. GADATOA
Government Issued ID (i.e.Passport, GSIS, S Driver's License, etc.)	SS, PRC.		PHOTO
PLEASE INDICATE ID Number and Da	ite of Qi	11	Wille
Government Issued ID: PASSPORT	- Mario	and	
PAGPORI		1	
ID/License/Passport No.: P4283059C	Signature (Sign in	nside the box)	
05-51-2025			
Date/Place of Issuance: DFA TACOBA	N Date Accom		Right Thumbmark
	Date Accom	ipriorieu	rsigni, mumbinark
SUBSCRIBED AND SWORN to before r	me this		_ , affiant exhibiting his/her valid
	iseaed government	ID as indicated above.	
		Living	The state of the s
	ATTY. EDWIN Y.		
	Until Dec. 31, 20	226 225-02-122	
	Person Administr	10	

Tacloban City

CS FORM 212 (Revised 2017), Page 4 of 4