CS Form No. 212 Revised 2017									
Kevisea 2017	DEDGO	NAL DAT	A C.		_				
	PERSU	NAL DAT	A 21	166	•				
concerned.	tation made in the Personal Data Sheet and th					ve/criminal case	s against the	person	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxe	E TO FILLING OUT THE PERSONAL DATA SH as ([]) and use separate sheet if necessary. Indicate I	NA if not applicable DO NOT A	MPLISHING T	HE PDS FO			(De not Bl	F000	
. PERSONAL INFORMATI		N/A II Hot applicable. DO NOT A	BBREVIATE.		1. CS ID No		(Do not #i up	. For CSC use or	
2. SURNAME	GARCES								
FIRST NAME	MARK LOUIS					NAME EXTENSION (J	R, SR) N/A		
MIDDLE NAME	LELIS								
DATE OF BIRTH (mm/dd/yyyy)	1/21/1997	16. CITIZENSHIP	FILIPINO)			
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citize	enship, Pls. indica		Pls. indicate cou	country:			
5. SEX	MALE	please indicate the d	etails.						
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS		N/A			N/A Street MATAPAY Barangay LEYTE Province		
	SINGLE			use/Block/Lot / NTRAL DISTR					
7. HEIGHT (m)	1.70 m		St	ubdivision/Villag	је				
8. WEIGHT (kg)				City/Municipality	/				
	70 kg	ZIP CODE 18. PERMANENT ADDRESS		A1/A		6524			
9. BLOOD TYPE	B+	10. PERMANENT ADDRESS	N/A House/Block/Lot No.			N/A Street			
0. GSIS ID NO.	N/A			NTRAL DISTRI ubdivision/Villag			MATAPAY Barangay		
1. PAG-IBIG ID NO.	1211-9088-4558		HILONGOS		LEYTE Province				
2. PHILHEALTH NO.	13-250490350-1	ZIP CODE	City/Municipality 6524			, TOWING			
3. SSS NO.	06-3865957-7	19. TELEPHONE NO.	N/A						
4. TIN NO.	474-371-554	20. MOBILE NO.	+639094919643						
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		1	mlgarces	321@gmail.c	<u>om</u>		
. FAMILY BACKGROUND									
2. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy				
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A		N/A				
MIDDLE NAME	N/A		NA			N/A			
OCCUPATION	N/A		N/A			N/A			
EMPLOYER/BUSINESS NAME	N/A		N/A			N/A			
BUSINESS ADDRESS	N/A		N/A			N/A			
TELEPHONE NO.	N/A		N/A			N/A			
4. FATHER'S SURNAME	GARCES		N/A			N/A			
FIRST NAME	LUISITO	NAME EXTENSION (JR., SR) N/A	N/A		N/A				
MIDDLE NAME	CAGADAS		N/A		· N/A				
5. MOTHER'S MAIDEN NAME		N/A		N/A					
SURNAME	LELIS		N/A			N/A			
FIRST NAME	ZENAIDA		NA			N/A			
MIDDLE NAME	ARCAY			(C	ontinue on se	parate sheet if neces	isary)		
. EDUCATIONAL BACKG	ROUND								
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF /	To To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIPI ACADEMIC HONORS RECEIVED	
ELEMENTARY	HILONGOS SOUTH CENTRAL SCHOOL	ELEMENTARY EDUCA	ATION	2005	2010	N/A	2010	WITH HONORS	
SECONDARY	RY HILONGOS NATIONAL VOCATIONAL SCHOOL SECONDARY EDUCATION 2010 2014 N/A 2			2014	WITH				

	74.671			(Continue on Separate Sheet in necessary)					
III. EDUCATIONAL BAC	KGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIF ACADEMIC HONORS		
			From	То	(if not graduated)		RECEIVED		
ELEMENTARY	HILONGOS SOUTH CENTRAL SCHOOL	ELEMENTARY EDUCATION	2005	2010	N/A	2010	WITH HONORS		
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY EDUCATION	2010	2014	N/A	2014	WITH HONORS		
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
COLLEGE	Visayas State University	BS in Computer Science	2017	2023	163 UNITS	N/A	DOST SCHOLAR		
GRADUATE STUDIES	UC-METC	BS in Marine Engineering	2014	2017	N/A	N/A	N/A		
	(Co	ntinue on separate sheet if necessary)							
SIGNATURE			D	ATE		2/20/2024			

27. CARE	ERVICE ELIGIBI ER SERVICE/RA 108	0 (BOARD/BAR) UNDER		DATE OF				LICENSE (if a	nnlicable
	SPECIAL LAWS	CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	ION / PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of
	SERVICE SUBP		82.83	12/8/2018	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE			N/A	Validity N/A
2. CAREER EXAMINAT		ERVICE PROFESSIONAL SAINT JOSEPH COLLEGE MAASIN CITY				N/A	N/A		
3.DRIVER'S	LICENSE		N/A	N/A	BAYBAY CITY, LEYTE			H12-15-002815	01 21 20
N/A			N/A	N/A N/A		N/A		N/A	N/A
	N/A N/A			N/A	N/A			N/A	
	N/A N/A N/A N/A				N/A	N/A			
V. WORK E	EXPERIENCE		(Co	ntinue on separate sheet	if necessary)				
(Include priv	vate employment	Start from your recen	t work) Descripti	on of duties should b	e indicated in the attacl	ned Work Exp	perience shee	9 1	
	USIVE DATES nm/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
JUNE 2018	AUGUST	ENCODE	R		CHOOL REGISTRAR -		INCREMENT N/A	STUDENT'S	Y
FEBRUARY	2019 MAY 2018	CLERK		LOCAL CIVIL	U MAIN REGISTRAR - LGU	P25/HOUR P200/DAY		ASSISSTANT	
2018 SEPTEMBER 11, 2023	PRESENT	CLERK		SUPPLY AND PRO	ONGOS DPERTY OFFICE - VSU	P603.4/DAY	N/A N/A	JOB ORDER JOB ORDER	Y
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
WA	N/A	N/A		N/A		N/A	N/A	N/A	N/A
WA.	N/A	N/A		N/A		N/A	N/A	N/A	N/A
V/A	N/A	N/A	7	N/A		N/A	N/A	N/A	N/A
W/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
WA	N/A	N/A		N/A		N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
V/A	N/A N/A	N/A		N/A		N/A	N/A	- N/A	N/A
V/A	N/A	N/A N/A		N/A		N/A	N/A	N/A	N/A
V/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
V/A	N/A	N/A		N/A N/A		N/A	N/A	N/A	N/A
V/A	N/A	N/A			WA	N/A N/A	N/A N/A	N/A N/A	N/A
VA.	N/A	N/A			V/A	N/A N/A	N/A	N/A	N/A N/A
V/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
√A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
I/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
I/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
I/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
I/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
	N/A	N/A		N/A		N/A	N/A	N/A	N/A
	N/A	N/A		N/A		N/A	N/A	N/A	N/A
	N/A	N/A		N/A		N/A	N/A	N/A	N/A
	N/A	N/A		N/A		N/A	N/A	N/A	N/A
I/A	N/A	N/A		<u> </u>	I/A	N/A	N/A	N/A	N/A
			(Con	tinue on separate sheet if i	necessary)				uli.
SIGNA	TURE	Arts.			DATE		2/20/	2024	

29. NAME & ADDRESS (Write		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		From To		Nomber of Hoors			
N/A			N/A N/A			N/A	
N/A	N/A N/A N/A		N/A				
N/A			N/A		N/A		
	(Cont	inue on separate	sheet if necessar	y)			
II. LEARNING AND DEVELOPMENT (Li Start from the most recent #\$D/training program and							
	mender any the relaxant Eath training taken top		DATES OF	Crite#Executive/Mar			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
DESO Technical Support Staff Training			2 26 2022	16	Technical	Commission on Elections	
Computer Hardware Servicing Training			12/05/2023	40	Technical	Leyte Technology Livelihood Development & Productivity Center	
Unlocking Excellence: The 5S Revolution for Clerks and Heads at Visayas State University HRIS Software Onboarding N/A			11/29/2023	5	Managerial	Visayas State University - Main Campus	
			12/06/2023	5	Technical	Visayas State University - Main Campus	
			N/A	N/A	N/A	N/A	
	(Conti	inue on separate s	sheet if necessary	0			
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-A	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERATE	N/A					N/A	
BASKETBALL, TABLE TENNIS	N/A					N/A	
LISTENING MUSIC	N/A			N/A			
	(Conti	nue on separate s	sheet if necessary)			
SIGNATURE	And At	-		DA		2/20/2024	

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34.	Are you related by consanguinity or affinity to the appointin 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? b. within the fourth degree (for Local Government Unit - C						
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative of	offense?					
			If YES, give details:				
	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 by any court or tribunal?	If YES, give details:					
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	the following modes: <u>resignation</u> , end of term, finished contract or phased	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local e Barangay election)? b. Have you resigned from the government consider during	If YES, give details:					
	b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	If YES, give details:					
39.	Have you acquired the status of an immigrant or permane	If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972	agna Carta for Disabled Persons (RA 2), please answer the following items:					
a.	Are you a member of any indigenous group?		W. (50)				
b.	Are you a person with disability?	If YES, please specify: If YES, please specify ID No:					
C.	Are you a solo parent?	If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applican	it /appointee)					
	NAME	ADDRESS	TEL. NO.				
	RODERICK MAR UNAJAN	Admin Aid, IHK, Visayas State University,	09171304169				
	MAGDALENE C. UNAJAN	Baybay, Leyte Head, DCST, Visayas State University, Baybay, Leyte	09778179877				
	JANE FRANCIS V. LOBEDICA	HRMO IV, LGU - HILONGOS	567-9715				
42.	Overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)	- Angele and Angele an	and a distribution and a distribution of the d	PHOTO			
	DVernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	1					
G	overnment issued ID: DRIVER'S LICENSE	The state of the s					
ID	/License/Passport No.: H12-15-002815	Signature (Sign inside the bo	ly)				
Da	ate/Place of Issuance: BAYBAY CITY, LEYTE	200,	Right Thumbmark				
•	SUBSCRIBED AND SWORN to before me this	affiant exhibiti	ing his/her validly issued governme	ent ID as indicated above.			
		Person Administering Oat	h				
		January Sur		CS FORM 212 (Revised 2017). Pena 4 of 4			