CS Form No. 212									
PERSONAL DATA SHEET									
		LNJUI	NAL PAI	A 311					
WARNING: Any misrepresentat concerned.	ion made in the Personal I	Data Sheet and the	e Work Experience Sheet sl	all cause the	filing of adm	inistrative	criminal case/s	against the pe	erson
READ THE ATTACHED GUIDE The Print legibly. Tick appropriate boxes						I. CS ID No.		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATIO		nococcar). marcato	THE TOTAL PROCESSION OF THE TO	7100112101121				<u> </u>	
2. SURNAME	GANTALA								
FIRST NAME	NOVELLIE NAME EXTENSION (JR., SR)								
MIDDLE NAME	LAMO								
DATE OF BIRTH (mm/dd/yyyy)	11/11/198	9	16. CITIZENSHIP		✓ Filipin	10	Dual Citizenship	·	
4. PLACE OF BIRTH	SOGOD, SOUTHE	RN LEYTE	If holder of dual citize	☐ by birth ☐ by naturalization Pls. indicate country:			zation		
5. SEX	☐ Male	✓ Female	please indicate the de	etails.	,				
6 CIVIL STATUS	✓ Single ☐ Widowed ☐ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS		House/Block/Lot No. Street SAN ROQUE Subdivision/Village Barangay				
7. HEIGHT (m)					IILONGOS			LEYTE	
8. WEIGHT (kg)	51		ZIP CODE	Ci	ty/Municipality		6524	Province	
9. BLOOD TYPE	В		18. PERMANENT ADDRESS	Hous				Street	
10. GSIS ID NO.						S	SAN ROQUE		
11. PAG-IBIG ID NO.	121268614823				HILONGOS ty/Municipality			Barangay LEYTE Province	
12. PHILHEALTH NO.			ZIP CODE	6524					
13. SSS NO.			19. TELEPHONE NO.						
14. TIN NO.			20. MOBILE NO.		0916 622 7193/ 0942 791 3307				
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)		lovegantala@gmail.com				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME				23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRT	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME			NAME EXTENSION (JR., SR)	JUNNEL NOE G. CABARDO			11/30/2010		
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	GANTALA								
FIRST NAME	SOLOMON		NAME EXTENSION (ID. OD)						
	SOLOMON		NAME EXTENSION (JR., SR)						
MIDDLE NAME	SOLOMON		NAME EXTENSION (JR., SR)						
MIDDLE NAME	LOLO LAMO		NAME EXTENSION (JR., SR)						
MIDDLE NAME	LOLO		NAME EXTENSION (JR., SR)						
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	LOLO LAMO		NAME EXTENSION (JR., SR)						
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	LOLO LAMO GANTALA VICTORIA CENIZA		NAME EXTENSION (JR., SR)		(Con	tinue on sep	varate sheet if neces	isary)	
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	LOLO LAMO GANTALA VICTORIA CENIZA		NAME EXTENSION (JR., SR)		(Con	tinue on sep	arate sheet if neces	ssary)	
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKG	LOLO LAMO GANTALA VICTORIA CENIZA		NAME EXTENSION (JR., SR) BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	(Con		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKGI	LOLO LAMO GANTALA VICTORIA CENIZA ROUND	l) 	BASIC EDUCATION/DEGRE		PERIOD OF AT	TENDANCE To	HIGHEST LEVEL/ UNITS EARNED	YEAR	ACADEMIC HONORS
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKGI	LOLO LAMO GANTALA VICTORIA CENIZA ROUND NAME OF SCH	TRAL SCHOOL	BASIC EDUCATION/DEGRE (Write in full)		PERIOD OF AT	TENDANCE To 01/03/2002	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKG! 26. LEVEL	LOLO LAMO GANTALA VICTORIA CENIZA ROUND NAME OF SCH (Write in fu	TRAL SCHOOL	BASIC EDUCATION/DEGRE (Write in full) ELEMENTARY GRADUATE SECONDARY GRADUATE		PERIOD OF AT From 01/06/1996	TENDANCE To 01/03/2002	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED 2002	ACADEMIC HONORS
MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKGI 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL /	LOLO LAMO GANTALA VICTORIA CENIZA ROUND NAME OF SCH (Write in fu	TRAL SCHOOL ATIONAL SCHOOL	BASIC EDUCATION/DEGRE (Write in full) ELEMENTARY GRADUATE	E IN CIVIL	PERIOD OF AT From 01/06/1996	Tendance To 01/03/2002 01/03/2006	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED 2002	ACADEMIC HONORS

SIGNATURE

07/16/2021

DATE

IV. CIVIL SERVICE ELIG	IBILITY								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL			DATING	DATING DATE OF EVANINATION /					if applicable)
LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
		(Continue on se	parate sheet if necessary)					
V. WORK EXPERIENCE (Include private employment)	nt. Start from your recent w	vork) Description	of duties sh	ould be indicated in the atta	ched Work	Experience	e sheet.		
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION T	OSITION TITLE DEPARTMENT / AGENCY / O			MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То	(Write in full/Do not abbreviate) (Write in full/Do not abbreviate)		riate)	SALAKI	INCREMENT	AFFOINTMENT	(1714)	
01/01/2020	06/30/2020	BIDS AND A		LOCAL GOVERNMENT UNIT OF INOPACAN, LEYTE		7000.00		CONTRAC TUAL	
				,					
		1							
(Continue on separate sheet if necessary)									
SIGNA	SIGNATURE DATE 07/16/2021								

VI. VOLUNTARY W	ORK OR INVOLVEMENT IN CIVIC	/ NON-C	GOVER	NMENT / PE	OPLE / VOL	UNTARY ORGANIZATION/S
29. NAME & A	ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	То			
	(Continu	io on consi	rata chaat	if necessary)		
VII LEADNING AND	D DEVELOPMENT (L&D) INTERV				DAMS ATTE	INDED
	t L&D/training program and include only the	e relevant L	.&D/trainir			
	LEARNING AND DEVELOPMENT NTIONS/TRAINING PROGRAMS (Write in full)	OF ATTE (mm/dr From	NDANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	Cantin	io on core	ata chast	if nococcard		
VIII. OTHER INFOR		те оп зерат	ate SHEEL	if necessary)		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEM	MIC DISTING (Write i		RECOGNITION		MEMBERSHIP IN 33. ASSOCIATION/ORGANIZA
AUTOCAD AND						TION
COOKING						
		ie on sepai	ate sheet	if necessary)		
SIGNATURE	- magfie			D/	ATE	07/16/2021

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34.	Are you related by consanguinity or affinity to chief of bureau or office or to the person who have				
	Bureau or Department where you will be appp	ointed,			
	a. within the third degree?		YES	✓ NO	
			YES		
	b. within the fourth degree (for Local Governm	ent Unit -	[☑ NO	
			If YES, give details:		
35.	a. Have you ever been found guilty administrative offense?	of any	YES If YES, give details:	✓ NO	
	b. Have you been criminally charged before ar	ny court?	YES	✓ NO	
			If YES, give details:		
			Date Filed: Status of Case/s:		
36.	Have you ever been convicted of any crime or	violation			
00.	of any law, decree, ordinance or regulation by court or tribunal?		YES If YES, give details:	✓ NO	
37.	Have you ever been separated from the service		YES	✓ NO	
	of the following modes: resignation, retirement dropped from the rolls, dismissal, termination, term, finished contract or phased out (abolition	end of	If YES, give details:		
38.	An		l _	give details:	
	 b. Have you resigned from the government se during the three (3)-month period before the la election to promote/actively campaign for a na 	ıst	∐ YES If YES, ç	ive details:	
39.	Have you acquired the status of an imm permanent resident of another country?	igrant or	YES If YES, give details (country):	☑ NO	
40.	Pursuant to: (a) Indigenous People's Act (RA & Magna Carta for Disabled Persons (RA 7277); Solo Parents Welfare Act of 2000 (RA 8972),	and (c)			
a.	Are you a member of any indigenous group?		☐ YES	✓ NO	
b.	Are you a person with disability?		If YES, please specify: YES If YES, please specify ID No:	✓ NO	
C.	Are you a solo parent?		YES If YES, please specify ID No:	✓ NO -	
41.	REFERENCES (Person not related by consanguinity or	affinity to a	pplicant /appointee)		
	NAME	ADDRESS	TEL. NO.		
	ENGR. ANIANO B. BACOR III	INOPA CAN, LEYTE			
	ENGR. EPIFANIA G. LORETO	BAYBA Y CITY, LEYTE			3
	REYMAR ORIA	VILLAB A, LEYTE	0917 3198 870	2	
42.	I declare under oath that I have personally acc correct and complete statement pursuant to the of the Republic of the Philippines. I authoriverify/validate the contents stated herein.	ne provision ize the ag	ons of pertinent laws, rules and regulations	NOVEL	LIE L'GANTALA HUTU
Government Issu Government Issue ID/License/Passpo			Signature (Sign inside the box)		
Date/Place of Issu	ance: HILONGOS, LEYTE		07/16/2021 Date Accomplished	Right 1	Thumbmark
SUBSC	CRIBED AND SWORN to before me this		, affiant exhibiting his/her vali	dly issued government ID a	s indicated above.
		F	Person Administering Oath		