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.

FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHERS SURNAME FIRST NAME JOSELIN MIDDLE NAME ASIS						
REST NAME MOLATO						
MOLE NAME						
3. DATE OF BIRTH (procedylyy)						
Continued by Cont						
4. PLACE OF BRTH BAYBAY CITY If holder of dual club: Pls. indicate Dountry: 5. SEX						
Sist						
Microwed Separated Other/s: Separated Other/s: Separated Other/s: Separated Other/s: Separated BONTOC Sundivision/diago Barangay Bontoc Sundivision/diago Barangay Province Province Sundivision/diago Barangay Province Separated ClyMane(paily Province Province Separated ClyMane(paily Province Province Separated ClyMane(paily Province Separated ClyMane(paily Province Separated ClyMane(paily Province Sundivision/villago Barangay Province Separated ClyMane(paily Province Sundivision/villago Barangay Province Separated ClyMane(paily Province Sundivision/villago Barangay Province Sundivision/villago Province Sundi						
B. WEIGHT (Ng) 60 kg ZP CODE 6523						
9. BLOOD TYPE O+ 18. PERMANENT ADDRESS 350 PUROK 3 HOUSE BLOOK INC. Street City Municipality Province 12. PHILHEALTH NO. 132505204127 IP. TELEPHONE NO. NA 14. TIN NO. 778-262-699 IP. TELEPHONE NO. NA 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) PRINCIPAL INC. PRINCIPAL INC. STREET NAME MIDDLE NAME MIDDLE NAME BLUSINESS ADDRESS TELEPHONE NO. INC. STREET SURNAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDLE NAME ASIS						
House/Block/Lot No. Street						
11. PAG-IBIG ID NO. 121348998581						
11. PAG-BIG ID NO. 121348998581						
13. SSS NO.						
14. TIN NO. 778-262-699 20. MOBILE NO. 0948-036-0804 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) neilmichael.cavite@vsu.edu.ph 16. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) neilmichael.cavite@vsu.edu.ph 178-262-699 20. MOBILE NO. 21. E-MAIL ADDRESS (if any) neilmichael.cavite@vsu.edu.ph 28. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (in the properties of the properties						
15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO. 22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME JOSELIN NAME EXTENSION (JR., SR) NAME EXTENSION (JR., SR) FIRST NAME JOSELIN NAME EXTENSION (JR., SR) NAME EXTENSION (JR., SR) ASIS						
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24. FATHER'S SURNAME FIRST NAME MIDDLE NAME CAVITE JOSELIN NAME EXTENSION (JR., SR) ASIS						
FIRST NAME JOSELIN MIDDLE NAME ASIS						
MIDDLE NAME ASIS						
25. MOTHER'S MAIDEN NAME						
SURNAME MOLATO						
FIRST NAME IMELDA						
MIDDLE NAME ABAYHON (Continue on separate sheet if necessary)	eparate sheet if necessary)					
III. EDUCATIONAL BACKGROUND						
26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED CRADILATED A CRADILATED	OLARSHIP/ CADEMIC IONORS					
	ECEIVED					
ELEMENTARY BONTOC ELEMENTARY SCHOOL PRIMARY EDUCATION 2007 2013 2013 WIT	HONORS					
	HONORS					
VOCATIONAL / TRADE COURSE N/A						
COLLEGE VISAYAS STATE UNIVERSITY - MAIN CAMPUS EDUCATION 2019 2023 2023						
GRADUATE STUDIES CEBU NORMAL UNIVERSITY - MAIN CAMPUS MAED - CULTURE AND ARTS EDUCATION Minor in PHYSICAL EDUCATION 2025 Ongoing 15 UNITS	GNA CUM Laude					
(Continue on separate sheet if necessary)						
SIGNATURE DATE JUNE 27, 2025						

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	ERVICE ELI							1105115- 11	P 11.
	SPECIAL LA	. 1080 (BOARD/ BAR) UNDER AWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFER	RMENT	LICENSE (if a	Date of
	RA 1080 LE		N/A	MARCH 2024	TACLO	BAN CITY		2205350	Validity 07/05/2027
CSE I	HONOR GRAD	DUATE ELIGIBILITY	N/A	JULY 2024	ORMO	OC CITY		N/A	N/A
			(Co.	ntinue on separate sheet	tif necessary)				
	EXPERIENCE								
	vate employm USIVE DATES	ent. Start from your recei	nt work) Descriptio	on of duties should	be indicated in the attach	ned Work Ex	SALARY/ JOB/ PAY	et.	
	m/dd/yyyy)	POSITION 1 (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
08/12/2024	12/13/2024	Part-time Instructor		Institute of Human	Kinetics	₱13,104.00		Contractual	Y
01/20/2025	05/23/2025	Part-time Instructor		Institute of Human	Kinetics	₱19,656.00		Contractual	Y
				ntinuo en agrando de	if necessari				
SIGN	ATURE		MMSM120-6	ntinue on separate sheet	DATE		JUNE	27, 2025	
			Ü			L	(S FORM 212 (Revised	2017), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (ORGANIZATIC	DN/S		
29. NAME & ADDRESS OF O (Write in full)		INCLUSIV (mm/de	'E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s ROGRAMS AT				_	
INCLUSIVE DATES OF Type					Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Sports Camp on Organizing, Managing, and Officia	ating Reach Volleyhall Competition	From 10/16/2024	To 10/16/2024	8 hours	Participant	IHK, Allegiance of Physical Educators Towards	
Kinaadman: Lecture and Workshop Series (Acting I		3/31/2025	04/04/2025	8 hours	Supervisory	Excellence (APEX) IHK, ADARNA	
Performance		3/31/2023	04/04/2023	o nours	Supervisory	IIII, ADANIA	
	(Con	tinue on separate s	sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
Dancing	Coach, VSU Beach Volleyball Womens Team, AY 2024-2025 Philippine Association for Teachers and Educators (PAFTE)						
Graphic Design							
Hosting							
Organizing Events							
		ı					
	(Continue on separate sheet if necessary)						
SIGNATURE	/m&n	mb		DA	\TE	JUNE 27, 2025 CS FORM 212 (Revised 2017), Page 3 of 4	
	V					551 Onivi 212 (Neviseu 2011), Faye 3 014	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be appointed,							
	a. within the third degree?	☐ YES 🛂 NO						
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES 🔽 NO						
	ů ,	If YES, give details:						
35.	a. Have you ever been found guilty of any administrative of	☐ YES 🛂 NO						
		If YES, give details:						
	b. Have you been criminally charged before any court?	☐ YES 🔽 NO						
	5. Have you been difficulty charged belove any count.	If YES, give details:						
		Date Filed:						
		Status of Case/s:						
36.	Have you ever been convicted of any crime or violation of a	☐ YES 🛂 NO						
	by any court or tribunal?		If YES, give details:					
			2, 3					
37.	Have you ever been separated from the service in any of the		☐ YES 🛂 NO					
	retirement, dropped from the rolls, dismissal, termination, e	nd of term, finished contract or phased	If YES, give details:					
	out (abolition) in the public or private sector?							
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	☐ YES 📝 NO)				
	Darangay election):		If YES, give details:					
	b. Have you resigned from the government service during t		☐ YES 📝 NO)				
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:					
39.	Have you acquired the status of an immigrant or permanen	☐ YES 🛂 NO)					
		If YES, give details (country)						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	gna Carta for Disabled Persons (RA						
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),							
a.	Are you a member of any indigenous group?	☐ YES 🛂 NO)					
L	**	If YES, please specify:						
b.	Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:)					
C.	Are you a solo parent?							
	7.10 you a 5510 paiotik.	☐ YES ☑ NO If YES, please specify ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applican							
	NAME	ADDRESS	TEL. NO.					
CEI	LSOLITO B. PULTA	DOOS SUR, HINDANG, LEYTE	0993-886-5334					
JAN	N MAR B. CUEVAS	BONTOC, HINDANG, LEYTE	0906-342-7127					
42.	r dodaro dridor oder triat i riavo porocriany docomplicitos							
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized representations of pertination of pertinations of	——————————————————————————————————————		0				
	I agree that any misrepresentation made in this doc	•		PHOTO				
	administrative/criminal case/s against me.		,					
				Marie Carlos Car				
	Covernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance							
	loverment Issued ID:	,						
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D	ate/Place of Issuance:		Right Thumbmark					
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.								
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		Person Administering Oat	[]					
				CS FORM 212 (Revised 2017), Page 4 of				