CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE	<u>Γ</u>				
WARNING: Any misrepresentat	tion made in the Personal Data Sheet and the	e Work Experience Sheet sl	hall cause the	filing of ad	ministrative	e/criminal case/s	against the p	person	
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCO	MPLISHING TH	HE PDS FOR	RM.				
Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATION	and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only	
2. SURNAME	DAVID								
FIRST NAME	NOESSA					NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	CAMPOMANES								
3. DATE OF BIRTH		40. OITIZENOLUD							
(mm/dd/yyyy)	3/6/1997	16. CITIZENSHIP		✓ Filipir	10 🗸	Dual Citizenship			
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizer				Pls. indicate	_	Eduon	
5. SEX	☐ Male	please indicate the de	etails.					•	
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A			Zone 4 Street Barangay Pangasugan			
7. HEIGHT (m)	1.4478			bdivision/Village Baybay City	9		Barangay Leyte		
8. WEIGHT (kg)	50 kg	ZIP CODE	Ci	ity/Municipality		6521	Province		
9. BLOOD TYPE	NOT YET KNOWN	18. PERMANENT ADDRESS		N/A			Zone 4		
			Hou	se/Block/Lot No N/A	0.	Bai	Street Barangay Guadalupe		
10. GSIS ID NO.	N/A		Sul	bdivision/Village	9		Barangay		
11. PAG-IBIG ID NO.	1212-2973-4043		C	Baybay City ity/Municipality		Leyte Province			
12. PHILHEALTH NO.	13-250367792-3	ZIP CODE	6521						
13. SSS NO.	34-7727062-2	19. TELEPHONE NO.				N/A			
14. TIN NO.	353-247-220	20. MOBILE NO.		09983267633					
15. AGENCY EMPLOYEE NO.	n/a	21. E-MAIL ADDRESS (if any)	noessadavid06@gmail.com			com			
II. FAMILY BACKGROUND			ī				,		
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	HILDREN (Write full name and list all)  DATE OF BIRTH			TH (mm/dd/yyyy)		
FIRST NAME	N/A	IVAIVIE EXTENSION (JR., SR)		IVO			N/A		
MIDDLE NAME	N/A								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A DAVID								
24. FATHER'S SURNAME FIRST NAME	WILBERT	NAME EXTENSION (JR., SR)							
MIDDLE NAME	DATA								
25. MOTHER'S MAIDEN NAME	DATA								
SURNAME	CAMPOMANES								
FIRST NAME	PERLITA								
MIDDLE NAME	BANDILLA		(Continue on separate sh			parate sheet if neces	sheet if necessary)		
III. EDUCATIONAL BACKGI	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF ATTENDANCE  From To		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	N/A		7/1/2003	3/1/2009	N/A	2009	NONE	
SECONDARY	VISAYAS STATE UNIVERSITY-LABORATORY HIGH SCHOOL	N/A		7/1/2009	3/1/2013	N/A	2013	NONE	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY			7/1/2014	3/1/2018	N/A	2018	NONE	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
		ontinue on separate sheet if nece	essary)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
SIGNATURE		9		DA	TE	N	ovember 4, 2022		

BARANGAY ELIGIBILITY / DRIVER'S LICENSE  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	IV. CIVIL SERVICE ELIGIBILITY  27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF				LICENSE (if applicable)		
A WORK EXPERIENCE  (Continue on requestive sheet / Investment)  (A WORK EXPERIENCE Start from your recent work) Description of distings should be invested on the procedure of the processor of t	BA					PLACE OF EXAMINA	RMENT	NUMBER	Date o		
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A MORK EXPERIENCE  B											
TO PRESENT ACCOUNT SPECIALIST EPERFORMAX (PAYPAL ACCOUNT) 3000.00 N/A JOB ORDER 1/1/2/2/2 CLERK DEPUTY DOCUMENT RECORDS CONTROL  ADMINISTRATOR AND NOCE ON TROL OF PERFORMAN DEPUTY DOCUMENT RECORDS CONTROL  DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15568.00 SQ4 STEP 1 PERMANENT DEPARTMENT D											
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A NCLUSE CAPTER CONTROL STORY AND ADDRESS CO											
INCLUSIVE DATES  NOCUSIVE DATES  POSITION TITLE (White in full Control above view)  POSITION TITLE (White in	WORK E	EXPERIENCE		(Con	tinue on separate sheet	if necessary)					
Permiddelytyy    Postition   Title   (Wittle in fulfill) and abbrevioles    Permid   Title   (Wittle in fulfill) and abbrevioles    Permid   Title   (Wittle in fulfill) and abbrevioles    Wittle in fulfill and abbrevioles    Wittle in				nt work) Descriptio	n of duties should	be indicated in the attach	ned Work Ex	perience she	et.		
11/30/2017   11/30/2017   DATA ENCODER   COLLEGE OF VETERINARY MEDICINE   7000.00   N/A   JOB ORDER   70/2018   16/2021   ACCOUNT SPECIALIST   EPERFORMAX (PAYPAL ACCOUNT)   3000.00   N/A   PERMANENT   70/2018   70/2023   CLERKOEPUTY DOCUMENT RECORDS CONTROL   DEPARTMENT OF FOREST SCIENCE   1200.00   N/A   JOB ORDER   70/2023   TO PRESENT   ADMINISTRATIVE ADE INVERFUTY DOCUMENT RECORDS CONTROL   DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT   15068.00   SC4 STEP   PERMANENT   10/2023   N/A   JOB ORDER   N/A	(m	nm/dd/yyyy)						GRADE (if applicable)& STEP (Format "00-0")/		GOV" SERVIO (Y/ N	
INSTABLE 103/2021 ACCOUNT SPECIALIST EPERFORMAX (PAYPAL ACCOUNT) 30000.00 N/A PERMANENT NR/2021 5/31/2023 CLERK/DEPUTY DOCUMENT RECORDS CONTROL DEPARTMENT OF FOREST SCIENCE 1/2000.00 N/A JOB ORDER 1//2023 TO PRESENT ADMINISTRATIVE AIDE MIDEPUTY DOCUMENT RECORDS CONTROL DEPARTMENT OF TOURISM AND HOSPITALITY MANAGEMENT 15588.00 SG4 STEP 1 PERMANENT NR/2073 STEP 1 PERMANE			DATA ENC	ODER	COLLEGE OF VE	TERINARY MEDICINE	7000.00		JOB ORDER	Y	
										N	
TO PRESENT RECORDS CONTROL HOSPITALITY MANAGEMENT 15588.00 SC4 STEP 1 PERMANENT   PERMANENT	2021	5/31/2023	CLERK/DEPUTY DOCUMENT	RECORDS CONTROL	DEPARTMENT (	OF FOREST SCIENCE	12000.00	N/A	JOB ORDER	Y	
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SIGNATURE DATE November 4, 2022					tinue on separate sheet	if necessary)					

VI. VOLUNTARY WORK OR INVOLVEMENT	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF	NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES							
(Write in full)	(Write in full) (mm/dd/yyyy)		То	NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A			
	(0)							
VII. LEARNING AND DEVELOPMENT (L&D)			sheet if necessary TTENDED	)				
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF DANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
GLOBAL COMMUNICATION	S TRAINING	6/1/2021	6/1/2021	8 HRS	TECHNICAL	EPERFORMAX		
VIRTUAL DATA PRIVACY ACT OF 2012	AWARENESS SEMINAR	4/7/2022	4/7/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
Re-Orientation of of employees' Duties and Respons	ibilities and Good Customer Service	9/23/2021	9/23/2021	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
Virtual Awareness Seminar on RA No. 11032 (East Government Service Delivery		6/28/2022	6/28/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
Gender-Based Sexual Harassment in High		8/3/2022	8/3/2022	8 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY		
(Continue on separate sheet if necessary)								
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-		NCTIONS / RECOG e in full)	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COMMUNICATION SKILLS	TEAMMATE OF THE MONTH				CATHOLIC YOUTH UNITED FOR TRUTH			
COMPUTER PROFICIENCY						CATHOLIC WOMEN'S LEAGUE		
PUBLIC SPEAKING								
CUSTOMER SERVICE SKILLS								
INTERPERSONAL SKILLS								
ADMINISTRATIVE SKILLS								
MARKETING								
CIONATUDE	tinue on separate	sheet if necessary		ATE	November 4, 2022			
SIGNATURE	Ne			Di	ATE	November 4, 2022  CS FORM 212 (Revised 2017), Page 3 of 4		

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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?  b. within the fourth degree (for Local Government Unit - Car	☐ YES ☐ YES	☑ NO ☑ NO					
	D. William the founds degree (for Ecodi Sevenimon, Cin. Se.	If YES, give detail	<del>_</del>					
35.	a. Have you ever been found guilty of any administrative off	ense?	☐ YES ☑ NO If YES, give details:					
	b. Have you been criminally charged before any court?		☐ YES If YES, give detail Date Filed: Status of Case/s:	✓ NO ls:				
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	ny law, decree, ordinance or regulation	YES If YES, give detail	✓ NO ls:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:					
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 If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	candidate?	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
40.								
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group?	, please answer the following items:	☐ YES	✓ NO				
			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?		☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant a	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	ANATOLIO N. POLINAR	VISCA, BAYBAY CITY, LEYTE	563-7552					
_	DENNIS P. PEQUE  CLARA P. MERCADO	BRGY. PANGASUGAN, BAYBAY CITY, LEYTE BRGY. GUADALUPE, BAYBAY CITY,	563-7552					
42.	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.  PHOTO							
P G	Sovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  **ILEASE INDICATE ID Number and Date of Issuance**  **Sovernment Issued ID:**  NATIONAL ID							
	0/License/Passport No.: 4625-4085-7417-9267	Signature (Sign inside the bo November 4, 2022	ox)	.				
D	ate/Place of Issuance: MARCH 30, 2022	Date Accomplished		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	ing his/her validly issue	d government ID as indicated above.					
	Г							
		h						