CS Form No. 212									
PERSONAL DATA SHEET									
	ion made in the Personal Data Sheet and the V	•		-	strative/crin	ninal case/s agair	st the person	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHEE  ) and use separate sheet if necessary. Indicate N/	• •			1. CS ID No.		(Do not fill up. F	For CSC use only	
I. PERSONAL INFORMATION	V								
2. SURNAME	ACAMPADO								
FIRST NAME	DULCE AMOR					NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	CABAHUG								
DATE OF BIRTH     (mm/dd/yyyy)		16. CITIZENSHIP			Dual Citizenship				
4. PLACE OF BIRTH	01/12/1994 SULAT EASTERN SAMAR	If holder of dual citizenship,			✓ by birth ☐ by naturalization  Pls. indicate country:				
5. SEX	☐ Male ☑ Female	please indicate the details.				Tio. maioato	oounay.	_	
	✓ Single Married	17. RESIDENTIAL ADDRESS	Π	N/A			N/A		
6 CIVIL STATUS	☐ Widowed ☐ Separated	T. NEGIDENTINE ADDINEGO	Нои	se/Block/Lot No	).		Street		
	Other/s:		Sut	N/A ndivision/Village	RIVERSIDE Barangay				
7. HEIGHT (m)	1.676		Ci	SULAT E			ASTERN SAMAR  Province		
8. WEIGHT (kg)	60	ZIP CODE		6815			1.10411100		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	N/A N House/Block/Lot No.				IATIONAL ROAD Street		
10. GSIS ID NO.	N/A			N/A Subdivision/Village			RIVERSIDE Barangay		
11. PAG-IBIG ID NO.	1211-4410-4535		SULAT EASTERN SAMAR CityMunicipality Province						
12. PHILHEALTH NO.	08-025954941-1			6815					
13. SSS NO.	34-2894137-9	19. TELEPHONE NO.	N/A						
14. TIN NO.	467-498-948-000	20. MOBILE NO.	09940868795						
15. AGENCY EMPLOYEE NO.	AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) <u>dulceamorca.13@gmail.com</u>								
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	ALBERO	DIAME EXTENSION (ID. OD)	23. NAME of CHI	3. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	ANDRO	NAME EXTENSION (JR., SR)	JADE FERLEE ALBERO			16/04/2013			
MIDDLE NAME			CLYDE ANDRE ALBERO				14/09	9/2020	
OCCUPATION	COURIER								
EMPLOYER/BUSINESS NAME	FLASH EXPRESS								
BUSINESS ADDRESS	BAYBAY CITY BRAN	NCH							
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	ACAMPADO	NAME EXTENSION (JR., SR)							
FIRST NAME	ALEXANDER	INAME EXTENSION (JR., SR)							
MIDDLE NAME	DELA CUEVA								
25. MOTHER'S MAIDEN NAME									
SURNAME	CABAHUG								
FIRST NAME	ROSARIO								
MIDDLE NAME	BIAGCONG			(Co	ontinue on sep	parate sheet if neces	sary)		
III. EDUCATIONAL BACKGR	ROUND							SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS	
SIC				From	To	, g. adda.ou)		RECEIVED	
ELEMENTARY	SULAT CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATI	ON	09/06/2000	31/03/2006	GRADUATE	2006	HONORS	
SECONDARY	SULAT NATIONAL HIGHSCHOOL	SECONDARY/HIGHSC	H00L	10/06/2006	30/03/2010	GRADUATE	2010	WITH HONORS	
VOCATIONAL / TRADE COURSE	TESDA - SAMAR NATIONAL SCHOOL OF ARTS AND TRADES	NATIONAL CERTIFICATE IN	COOKERY	10/06/2014	15/12/2014	GRADUATE	2014	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A	GRICULTURE	15/08/2016	30/09/2020	GRADUATE	2020	N/A	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN PLAN	T PATHOLOGY	15/03/2021	PRESENT	GRADUATE	ON-GOING	N/A	

SIGNATURE

03/30/2025

DATE

BARANG	SPECIAL LAW	180 (BOARD/ BAR) UNDER I/S/ CES/ CSEE TY/ DRIVER'S LICENSE	RATING (If Applicable) N/A	DATE OF EXAMINATION / CONFERMENT N/A	PLACE OF EXAMINA		MENT	LICENSE (if ap	Date of Validity
			N/A		N				Validity
			IV/A	N/A			N/A	N/A	
								N/A	IVA
V WORK EYDE	EDIENCE		(Con	tinue on separate sheet	if necessary)				
V. WORK EXPE (Include private e		nt. Start from your recer	nt work) Descriptio	n of duties should	be indicated in the attac	hed Work Ex		et.	
28. INCLUSIVE (mm/dd/y		POSITION TI		DEPARTMENT / AGE	MONTHIN	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE	
From	То	(Write in full/Do not a	abbreviate)	(Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
27/08/2024 27	7/12/2024	TECHNICAL SUPPO	RT STAFF 1	AGRICULTURAL TRAINING INS	TITUTE-REGIONAL TRAINING CENTER 8	16750.00	SG 8	CONTRACTUAL	Υ
17/08/2023 28	8/12/2023	PART-TIME INSTI	RUCTOR	VISAYAS S	TATE UNIVERSITY	10000.00	SG 5	RIVERSIDE	Y
21/01/2023 PF	PRESENT	FREELANCE T	UTOR	RAF	REJOB INC.	2000.00	N/A	FREELANCE	N
12/02/2016 16	6/07/2016	SERVICE CF	REW	JOLLIBEE FC	9000.00	SG 5	CONTRACTUAL	N	
02/05/2015 0	01/12017	SALES ASSOC	CIATE	ROBINSONS F	8000.00	SG 5	EASTERN SAMAR	N	
11/09/2011 16	6/12/2011	CASHIER	!	SUPERVALUE INCORPORATION		9000.00	SG 5	CONTRACTUAL	N
			(Con	tinue on separate sheet	if necessary)				
SIGNATUR	SIGNATURE		Fige		03/30/2025				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS		POSITION / NATURE OF WORK		
PLANT PROTECTION MAJORS ASSOCIATION - BAYBAY CITY LEYTE			06/10/2019	8 HRS/DAY		SECRETARY	
	(C	ontinue on separa	te sheet if necessa	ary)			
VII. LEARNING AND DEVELOPMENT (L&D)	NTERVENTIONS/TRAINING PR	OGRAMS ATT	ENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
THE CRUCIAL ROLE OF DIAGNOSTIC IN D	IISEASE MANAGEMENT	21/06/2023	21/06/2023	1.5	MANAGERIAL	PHYTOHEALTH De La Salle State University	
RESPONDING TO AN INCREASING THREAT - PROTECTING DISEASES	PLANTS AND TREES FROM PESTS AND	14/06/2023	14/06/2023	2.0	MANAGERIAL	PHYTOHEALTH De La Salle State University	
WORKING WITH FUNGI IN THE	DIGITAL ERA	24/06/2022	24/06/2022	2.0	MANAGERIAL	MYCOLOGICAL SOCIETY OF THE PHILIPPINES INC.	
PLANTATION HERBICIDE RESISTANCE MA	ANAGEMENT WEBINAR	05/09/2022	05/09/2022	2.0	MANAGERIAL	THE CROPLIFE PHILIPPINES INCORPORATION	
GETTING TO KNOW BLACK SOLDIER FLY		05/09/2022	05/09/2022	2.0	SUPERVISORY	BUREAU OF PLANT INDUSTRY	
VICTOR BIOLOGY, ECOLOGY AND CONTROL OF ARTHROPODS CHEMICAL RESISTANCE AND CONTROL OF ARTHROPOD PESTS			05/04/2022	2.0	SUPERVISORY	DE SALLE STATE UNIVERSITY	
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN (Write	CTIONS / RECOGI	NITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COOKING		N/A	PLANT PROTECTION MAJORS ASSOCIATION				
DRIVING							
OPERATING A MICROSCOPE							
INTERNET SURFING							
MICROSOFT APPLICATIONS							
TRAVELLING							
(Continue on separate sheet if necessary)  SIGNATURE  DATI				ATE.	03/30/2025		
SIGNATURE	77	1		<i></i>		55/55/2525	

34.	Are you related by consanguinity or affinity to the appointing of 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?	☐ YES ☑	] NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☑ NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:     Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————					
	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	ished contract or phased out (abolition)	✓ YES □ NO If YES, give details:FINISHED CONTRACT				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?      b. Have you resigned from the government service during the service d	☐ YES ☑ NO If YES, give details: ## ☐ YES ☑ NO					
39.	election to promote/actively campaign for a national or local of the status of an immigrant or permanent response to the status of the sta	If YES, give details:  YES  NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magrand (c) Solo Parents Welfare Act of 2000 (RA 8972), please :						
a.	Are you a member of any indigenous group?	☐ 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	t /appointee)					
	NAME	ADDRESS	TEL. NO.				
	ELVIRA L. OCLARIT	GUADALUPE, BAYBAY CITY LEYTE	9199495234	6.0			
	ROBELYN T. PIAMONTE	COGON, BAYBAY LEYTE	9171546999				
10	MA. PERLITA LACANDAZO	TACLOBAN CITY, LEYTE	9237204613				
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the I ntative to verify/validate the contents state	Republic of the ed herein.	РНОТО			
P G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: UMID  VLicense/Passport No.: 0111-589090-7  ate/Place of Issuance: MANDALUYONG CITY/2016	OX)					
L		Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi		overnment ID as indicated above.			