CS Form No. 212 Revised 2017		PERSO	NAL DAT	ΔSH	FF	r				
WARNING, Any microprocento	tion mada						oriminal acco/a	acinat the ne	·roon	
concerned.		in the Personal Data Sheet and the			-		criminai case/s a	gainst the pe	rson	
Print legibly. Tick appropriate boxes	() and us	IG OUT THE PERSONAL DATA SHE se separate sheet if necessary. Indicate N			PDS FUR	1. CS ID No.		(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATIO	N									
2. SURNAME	PERRAL		/ Ellining	D 1600			LIAME EXTENSION (III	0.00		
FIRST NAME	SHEEN (CHIC ZENITH	✓ Filipino _	Dual Citizens √ by birth	nıp by naturali:	zation	NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	TUYUGO									
(mm/dd/yyyy) ✓ Si	ale ngle	12/25/1999 Married	16. CITIZENonie			V				
Oi	idowed ther/s:	Separated	4				DI			
4. PLACE OF BIRTH	MASG	AD, MALIMONO, SURIGAO DEL NORTE	If holder of dual citize				Pls. indicate	country:		
5. SEX			·	ctalls.						
6 CIVIL STATUS			17. RESIDENTIAL ADDRESS	Hou	se/Block/Lot N	lo.		PUROK 3 Street		
				Sul	ndivision/Villag	Α		TINAGO Barangay		
7. HEIGHT (m)	150		1		MALIMONO		SUF	RIGAO DEL NOR	TE	
8. WEIGHT (kg)	47		ZIP CODE	City/Municipality 8402		Province				
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS			PUROK 3				
	N/A		+	House/Block/Lot No.		Street TINAGO				
10. GSIS ID NO.			-	Subdivision/Village MALIMONO			Barangay SURIGAO D	EL NORTE		
11. PAG-IBIG ID NO.	N/A			C	ty/Municipality			Province Province	LLINURIE	
12. PHILHEALTH NO.	18-1-250	712821-2	ZIP CODE				8402			
13. SSS NO.	N/A		19. TELEPHONE NO.				N/A			
4. TIN NO.	N/A		20. MOBILE NO.			0	9518805087			
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		perra	Isheench	iczenith@gm	nail.com		
II. FAMILY BACKGROUND			, ,,,							
22. SPOUSE'S SURNAME		N/A		23. NAME of CH	LDREN (Write	e full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		N/A	NAME EXTENSION (JR., SR)			N/A		ı	N/A	
MIDDLE NAME		N/A								
OCCUPATION		N/A								
EMPLOYER/BUSINESS NAME		N/A								
BUSINESS ADDRESS		N/A								
TELEPHONE NO.		N/A								
24. FATHER'S SURNAME		PERRAL								
FIRST NAME		RAMIL	NAME EXTENSION (JR., SR)							
MIDDLE NAME		MELLORIA								
25. MOTHER'S MAIDEN NAME										
SURNAME		TUYUGON								
FIRST NAME		JENEVIE								
MIDDLE NAME	DOUND-	GALOSO			(C	ontinue on se	parate sheet if neces	ssary)		
III. EDUCATIONAL BACKG	ROUND						LIICHEOT LEVE			
26. LEVEL	NAME OF S (Write in ful		BASIC EDUCATION/DEGREE/CC (Write in full)	DURSE	PERIOD OF AT	1	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ AC RECEIVED	CADEMIC HONORS
ELEMENTARY	PLACIDO	G. MACARINE MEMORIAL ELEMENTARY	GRADES 1 TO 6		2006-	To 2012-		2012	CLASS	/ALEDICTORIAN
SECONDARY	SCHOOL		JUNIOR HIGH SCHOOL TO SENIOR	HIGH SCHOOL	2012-	2018-		2018	CLASS	/ALEDICTORIAN
VOCATIONAL /	N/A N/A			N/S	N/A	N/A	N/A		N/A	
TRADE COURSE COLLEGE			BACHELOR OF SCIENCE IN	N FISHERIES	2018-	2022-		2022	BFAR	SCHOLAR (FILG)
GRADUATE STUDIES			N/A		N/A	N/A	N/A	N/A	MAGNA CUM LAU	N/A
3.0.00.1.2 0100120			Continue on separate sheet if nece	essary)		.,,,,				
SIGNATURE	1	1000	* 1	•		ATE	ı			

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER PATING			DATE OF EXAMINATION /	TION / CONTEST	DMENIT	LICENSE (if applicable)			
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			CONFERMENT	PLACE OF EXAMINA	PLACE OF EXAMINATION / CONFERMENT			Date of Validity	
HONOR GRADUATE ELIGIBILITY N/A			N/A	N	/A		100108221299	August 9, 2022	
V. WORK F	XPERIENCE		(Con	tinue on separate sheet	if necessary)				
(Include priv	ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe			
	JSIVE DATES m/dd/yyyy)	POSITION T		DEPARTMENT / AGE	ENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbleviale)	(vvrite in full	/Do not abbreviate)	SALAKY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
				tinue on separate sheet	if necessary)				
SIGNA	ATURE	Show the second	agard		DATE			er 14, 2022	
							CS	FORM 212 (Revised 20	17), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT I	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
MALIMONO ADVENTIST YOUTH ORGANIZATION			PRESENT	N/A	MEMBER			
		tinue on separate						
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	1						
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)		
International webinar and workshop on Food Value Ch	ain in the New Normal	10/18/2021	10/22/2021	40 HRS	FOUNDATION	VSU Main/ASEAN		
Fishing Vessel Des	ign	05/19/2022	05/19/2022	5 HRS	FOUNDATION	College of Fisheries and Aquatic Sciences, VSU Tolosa		
Webinar on Utilization and Managemen	t of Fishery Resources	05/20/2022	05/20/2022	5 HRS	FOUNDATION	BS Fisheries Fourth Year students of VSU Tolosa		
Webinar on Conservation and Management o		06/18/2021	06/18/2021	5 HRS	FOUNDATION	BS Fisheries Fourth Year students of VSU Tolosa		
E-Learning on Fisheries Training Activ		09/22/2022	09/22/2022	5 HRS	FOUNDATION	DA-BFAR CALABARZON		
Farmers Dialogue F		10/14/2022	10/14/2022	1.5 HRS	FOUNDATION	Department of Agriculture		
Seminar Workshop on Campu		06/03/2022	06/03/2022	8 HRS	FOUNDATION	VSU TOLOSA - THE DOLPHIN PUBLICATION		
Seminal Workshop on Campu	is Journalism	06/03/2022	00/03/2022	о пко	FOUNDATION	V30 TOLOSA - THE DOLFHIN FOBLICATION		
VIII. OTHER INSORMATION	(Con	tinue on separate	sheet if necessary,)				
VIII. OTHER INFORMATION		ACADEMIC SISSI	IOTIONO (PEOS	NITION		MEMBEDONIO IN ACCOMATICATION OF THE PROPERTY O		
31. SPECIAL SKILLS and HOBBIES HAS EXCELLENCE IN DATA COLLECTION AND	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) VSU TOLOSA VOCAL ENSEMBLE MEMBER -		
DATA ENTRY	ARTIST OF THE YEAR VSU TOLOSA VOCAL ENSEMBLE MEN SOPRANO THE DOLPHIN PUBLICATION CONTRIB							
ACTIVE LISTENING SKILLS	CAMPUS JOURNALIST					(OFFICIAL STUDENT PUBLICATION OF VSU UNIVERSITY SUPREME STUDENT COUNCIL VICE		
ATTENTION TO DETAIL	LEADSERSHIP SERVICE AWARDDEE					PRESIDENT		
COMPUTER LITERATE								
TIME MANAGEMENT								
MULTILINGUAL (BISAYA, ENGLISH, TAGALOG, WARAY-WARAY)								
COMPETENT AND ADAPTABLE IN A FAST-PACED ENVIRONMENT								
CIONATURE		tinue on separate :	sheet if necessary		A T.F.			
SIGNATURE				D,	ATE	December 14, 2022		

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 approinted,						
	a. within the third degree?	YES V NO					
	b. within the fourth degree (for Local Government Unit - Care	YES VO					
			If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	nse?	YES / NO	_			
00.	, , ,		If YES, give details:				
	b. Have you been criminally charged before any court?		YES V NO				
			If YES, give details:				
			Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any	YES V NO					
	any court or tribunal?		If YES, give details:				
37.	Have you ever been separated from the service in any of the		YES V NO				
	dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	isned contract or phased out (abolition)	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local elec-	tion held within the last year (except	YES V NO				
	Barangay election)?		If YES, give details:	_			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or	* *	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent r	esident of another country?	YES V NO				
			If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr	na Carta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p						
a.	Are you a member of any indigenous group?		YES NO If YES, please specify:				
b.	Are you a person with disability?	YES V NO					
C.	Are you a solo parent?	If YES, please specify ID No: YES VO NO					
	The year a colo parona.		☐ 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.				
	MELISSA M. TALAVERA	Peñaranda ST., Brgy. Taft, Surigao City	9177203603	6			
	SHEEREN A. MERRO	PALO, LEYTE	9174076762				
	BRANDON BRIGGS C. SILVANO	TOLOSA, LEYTE	9664910618				
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 represer						
	agree that any misrepresentation made in this docur	nent and its attachments shall cause	e the filing of				
	administrative/criminal case/s against me.			4-5-5			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	<u> </u>					
	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PHILHEALTH	Champanal.					
lŀ)/License/Passport No.: 18-1-250712821-2	Signature (Sign inside the bo					
l H)X)					
D	ate/Place of Issuance: SURIGAO CITY	Right	Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued government ID as inc	licated above.			
	Г						
		1					