CS Form No. 212									
Revised 2017	PERSO	NAL DAT	A SH	IEE7	Γ				
	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the f	iling of adn	ninistrative/	criminal case/s a	gainst the pe	rson	
	TO FILLING OUT THE PERSONAL DATA SHE			E PDS FOR		1			
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION	s) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. I	For CSC use only	
2. SURNAME	BULAWAN								
FIRST NAME	LOVELY MAE					NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	ESTOR								
3. DATE OF BIRTH									
(mm/dd/yyyy)	11/06/1997	16. CITIZENSHIP		Filipino Dual Citizenship			by naturalization		
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizen	ual citizenship,		Pls. indicate or			ountry:	
5. SEX	☐ Male ✓ Female	please indicate the de	tails.					•	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lot No.			DECIEMBRE STREET Street BLACION ZONE 23		
	Other/s:			Subdivision/Village			Barangay		
7. HEIGHT (m)	1.51			AYBAY CITY ty/Municipality			LEYTE Province		
8. WEIGHT (kg)	52	ZIP CODE		6521					
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	30 DE DECIEMBRE STR use/Block/Lot No. Street			REET		
10. GSIS ID NO.	2005462306			POB			BLACION ZONE 23		
11. PAG-IBIG ID NO.	12123492541		В	bdivision/Village BAYBAY CITY			Barangay LEYTE		
12. PHILHEALTH NO.	132503710009	ZIP CODE	City/Municipality 6521			Province			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A						
14. TIN NO.									
	350970027	20. MOBILE NO.	+639093234740						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		bula	awanlove	lymae@gmai	l.com		
II. FAMILY BACKGROUND	DIII AWAN		OO NAME - COU	DDEN (M-t-	f.	E-4 - IIV	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
22. SPOUSE'S SURNAME FIRST NAME	BULAWAN	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all) AL KEEON E. BULAWAN						
MIDDLE NAME	REDUBLA		AL REEON E. BULAWAIN		03/30/2022				
OCCUPATION	POLICEMAN								
EMPLOYER/BUSINESS NAME	PHILIPPINE NATIONAL	POLICE							
BUSINESS ADDRESS	CAMP CRAME, BAGONG LIPUNAN NG		TITY						
TELEPHONE NO.	N/A	<u> </u>							
24. FATHER'S SURNAME	ESTOR								
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	MARUMAS								
25. MOTHER'S MAIDEN NAME									
SURNAME	JABINES								
FIRST NAME	VIRGINIA								
MIDDLE NAME	GUCELA			(Continue on separate sheet if neces			ssary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/CO	URSE /rite in full)		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BAYBAY I CENTRAL SCHOOL	ELEMENTAR'	Y	2004	To 2010	N/A	2010	N/A	
								1st	
SECONDARY VOCATIONAL /	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	L 	2010	2014	N/A	2014	HONORABLE MENTION	
	N/A	N/A BACHELOR OF SECO	MDADV	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	EDUCATION major in MA	THEMATICS	2014	2018	N/A	2018	DOST/MAGNA CUM LAUDE	
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER OF SCIENCE IN MATHEMATICS		2019	PRESENT	30	N/A	N/A	

SIGNATURE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF		TION 100	NIENT.	LICENSE (if ap	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LICENS	SED PROFESS	SIONAL TEACHER	88.8	SEPT. 30, 2018	TACLOBAN CITY			1706059	01/07/2019
V. WORK E	XPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
			nt work) Descriptio	n of duties should l	be indicated in the attach	ed Work Ex		et.	(30.10 1
	SIVE DATES n/dd/yyyy)	POSITION TITLE	AND THE	DEPARTMENT / AGENC		MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	SERVICE
From	То	not abbrevia	(Write in full/Do ate)	full/Do	(Write in not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	
01/15/2024	12/13/2024	PART-TIME INS	TRUCTOR	VISAYAS ST	ATE UNIVERSITY	N/A	N/A	CONTRACTUAL	Υ
		INSTRUCT			TATE UNIVERSITY			TEMPORARY	Y
08/01/2018	12/31/2023	INSTRUCT	UKI	VISATAS S I	ATE UNIVERSITY	29,449.00	12-2	TEMPURARY	Y
_			(Cor	ntinue on separate sheet					
SIGNA	TURE		Md		DATE			er 12, 2024 FORM 212 (Revised 20	

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT			RGANIZATIOI	V/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		From	(mm/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A			N/A	N/A		N/A
VIII. LEADNING AND DEVELOPMENT // PD		tinue on separate s				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	INCLUSIVE DATES OF				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT (Write in f		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SUMMER UPGRADING PROGRAM FOR MA	ATHEMATICS TEACHERS	From 06/03/2024	To 06/05/2024	24.0	INSTRUCTION	MATHEMATICAL SOCIETY OF THE PHILIPPINES
SUMMER INSTITUTE IN THE NATURAL SCIE	ENCES AND MATHEMATICS	04/27/2023	04/29/2023	24.0	INSTRUCTION	COLLEGE OF SCIENCE, UNIVERSITY OF THE PHILIPPINES - BAGUIO
LAMBERT W FUNCTION AND RIE	MANN SURFACES	10/21/2019	10/23/2019	24.0	RESEARCH	CEBU NORMAL UNIVERSITY
2019 SUMMER UPGRADING PROGRAM FOR	MATHEMATICS TEACHERS	05/30/2019	06/01/2019	24.0	INSTRUCTION	MATHEMATICAL SOCIETY OF THE PHILIPPINES
2019 MTAP-TL SUMMER LECT	URE ON MMW	05/18/2019	05/18/2019	8.0	INSTRUCTION	MATHEMATICS TEACHERS ASSOCIATION. OF THE PHILIPPINES - TERTIARY LEVEL CHAPTER
2018 INTERNATIONAL CONVENTION OF THE MATHE OF THE PHILIPPINES - TERT		07/25/2018	07/27/2018	24.0	INSTRUCTION	MATHEMATICS TEACHERS ASSOCIATION. OF THE PHILIPPINES - TERTIARY LEVEL CHAPTER
OF THE FINE OF TEXT	MICH ELVEL					THEIT INCO-TEXTIANT ELVEL OHAT TEX
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION	NON ACADEMIC DISTINICTIONS / PE	COGNITION				MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. (Write in full)
N/A	N/A					N/A
SIGNATURE	(Con	ntinue on separate s	sneet if necessary)	DA	ATE	December 12, 2024

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?	☐ YES	☑ NO				
b. within the fourth degree (for Local Government Unit - Car	YES If YES, give detai	☑ NO ls:				
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 ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en 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 electron 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	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?	☐ YES	✓ NO				
b. Are you a person with disability?		If YES, please specify: ☐ 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 /	appointee)					
NAME	ADDRESS	TEL. NO.				
EUSEBIO R. LINA, JR.	BAYBAY CITY, LEYTE	9293697060				
IRISH C. SIDAYA	BAYBAY CITY, LEYTE	9224631719				
JOY ANN A. CAÑETE	BAYBAY CITY, LEYTE	9362912476				
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.						
OVERHIMENT ISSUED ID (I.E.Fassport, GSIS, SSS, PRO, DIVERS LICERISE, etc.) PLEASE INDICATE ID Number and Date of	. 1 1					
Government Issued ID: PHILHEALTH						
ID/License/Passport No.: 132503710009	Signature (Sign inside the b					
Date/Place of Issuance: 10/15/2018 / BAYBAY CITY, LEYTE	4	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	·h					