CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SH			
	ntation made in the Personal Data Shee	et and the Work Experience	ce Sheet sha	II cause the filing o	f administrative	e/criminal case/s
against the person concern READ THE ATTACHED GUID	ed. DE TO FILLING OUT THE PERSONAL DA	TA SHEET (PDS) BEFORE	E ACCOMPLI	ISHING THE <u>PDS FO</u>	RM	
) and use separate sheet if necessary. Indicate	· · · · · · · · · · · · · · · · · · ·				o not fill up. For CSC use only)
2. SURNAME	PARAC					
FIRST NAME	ALDWIN PAUL				NAME EXTENSIO	N (JR., SR)
MIDDLE NAME	MEROY				N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/1995	16. CITIZENSHIP		Filipino [☐ Dual Citizenshi☐ by birth	ip
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citize			Pls. indicate of	_ ,
5. SEX	✓ Male ☐ Female	please indicate the d	etails.			▼
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hous	BANY DORMITORY De/Block/Lot No. VISCA	P	Street ANGASUGAN
7. HEIGHT (m)	5'5	1	B	division/Village AYBAY CITY		Barangay LEYTE
8. WEIGHT (kg)	65	ZIP CODE	City/Municipality 6521		6521	Province
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Have	D62		ACACIA
10. GSIS ID NO.	N/A		LIDE S	e/Block/Lot No. STAFFHOUSING		Street LIBERTAD
11. PAG-IBIG ID NO.	121281886795			Subdivision/Village ISABEL		Barangay LEYTE
12. PHILHEALTH NO.	13-250538923-2	ZIP CODE	City/Municipality Province 6539			Province
13. SSS NO.	N/A	19. TELEPHONE NO.	(053) 300 6962			
14. TIN NO.	013676213	20. MOBILE NO.	09975516817			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)				
II. FAMILY BACKGROUNI		21. E-IVIAIL ADDRESS (II ally)	aldwii	idwiri@giriali.co	m/aiuwin.pan	ac e vsu.euu.pri
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Write full name	e and list all)	DATE OF BIRTH
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A		(mm/dd/yyyy) 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	PARAC	_				
FIRST NAME	PABLO	NAME EXTENSION (JR., SR)				
MIDDLE NAME	DONATO			_		
25. MOTHER'S MAIDEN NAME	MEROY					
SURNAME	PARAC					
FIRST NAME	MA. CONCEPCIO	DN				
MIDDLE NAME	MEROY		(Continue on se	parate sheet if nec	essary)	

III. EDUCATIONAL BACKGROUND SCHOLARSHI P/ ACADEMIC HONORS RECEIVED PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED (if not graduated) YEAR GRADUATE D 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL (Write in full) (Write in full) From То LIDE LEARNING CENTER INC. ELEMENTARY ELEMENTARY 2008 N/A 2012 SECONDARY SECONDARY LIDE LEARNING CENTER INC. N/A VOCATIONAL / TRADE COURSE BACHELOR OF SCIENCE IN COLLEGE VISAYAS STATE UNIVERSITY 2017 AGRICULTURE MASTERS OF SCIENCE IN GRADUATE STUDIES VISAYAS STATE UNIVERSITY 2ND YEAR N/A N/A HORTICULTURE AM SIGNATURE DATE

IV. CIV+A	12:M39IL SERVIC		TY						
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL BATING			DATE OF				LICENSE (if a	pplicable)	
LAWC/CEC/CCEE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
DRIVERS LICENSE			1/17/2019	В	ВАҮВАҮ		116235821	08/29/23	
AGRICULTURIST			2/28/2018	TA	CLOBAN		0027403	08/29/21	
			(Cont	inue on separate shee	t if necessary)				
	EXPERIENCE rivate employment esheet.	t. Start from y	our recent wor	k) Description of (duties should be	indicated in	1 the attache	ed Work	
28.	INCLUSIVE DATES		ON TITLE	DEPARTMENT / A	GENCY / OFFICE /		SALARY/ JOB/ PAY GRADE (if		GOV'T
	(mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		COM (Write in full/Do	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)	
From	То	Graduate	e Teaching	·		INCREMENT			
08/01/2018	05/30/2020		istant	Visayas Sta	9000.00		part-time	У	
03/21/2021	6/30/2021	Inst	ructor	Visayas State University		15000.00		part-time	у
			(Cont.	inue on separate shee	t if necessary)				
SIG	NATURE		Com	22 2.1. Osparato onto	DATE				
0,0		I				1			

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF O (Write in full			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A	N/A		
VII. LEARNING AND DEVELOPMENT (L&	D) INTERVENTIONS/TRAINII		MS ATTEND	ED	n Chief/Executive/	Managerial positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE I/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
2nd Regional Conference of the Society of Agricu (SAER 8)	ultural Educators in Region 8, Inc.	21/06/2019	21/06/2019	8 hours	Technical	SAER 8 and Visayas State University	
19th International Conference on Nature Studies an (ICoNSIE 2019)	nd Innovations for the Environment	02/07/2019	06/07/2019	40 hours	Technical	PSSN and Palawan State University	
Organic Agriculture Produ	uction NC II	06/05/2019	26/05/2019	256 hours	Technical	GOLD Farm and TESDA	
AAACU 22nd Biennial Conference a	nd General Assembly	16/10/2018	18/10/2018	24 hours	Technical	AAACU and Visayas State University	
ATI Crop Protection in Vegetable F	Production Seminar	15/10/2019	15/10/2019	8 hours	Technical	Agricultural Training Institute (ATI-RTC 8)	
ATI Training on Sustainable Agriculture			08/08/2019	24 hours	Technical	Agricultural Training Institute (ATI-RTC 8)	
Production System and Meat Processing from Organically Grown Native Pig and Chicken			11/03/2020	4 hours	Technical	Bureau Agricultural Research	
Mushroom Produc	tion	08/19/2020	08/19/2021	4 hours	Technical	Agricultural Training Institute (ATI-RTC 3)	
Hydroponic Produc	tion	08/20/2020	08/20/2021	4 hours	Technical	Agricultural Training Institute (ATI-RTC 3)	
Herb and Spices Prod	luction	08/21/2020	08/21/2021	4 hours	Technical	Agricultural Training Institute (ATI-RTC 3)	
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION 32. MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION						
	(Write in full) (Write in full)					(Write in full)	
	(Continue on separate sheet if necessary)						
SIGNATURE			DA	ATE			
						CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appoin chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - to the person who has immed a person will be apppointed, a. within the fourth degree?	☐ YES ☑ YES ☑ If YES, give details:] NO] NO			
35. a. Have you ever been found guilty of any administrative	☐ YES ☑ If YES, give details:] NO			
b. Have you been criminally charged before any court?	YES If YES, give details: Date Filed: Status of Case/s:	NO NO			
36. Have you ever been convicted of any crime or violation regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:			
Barangay election)?					
	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?				
39. Have you acquired the status of an immigrant or perman	☐ YES ☑ NO If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89	-				
a Are you a member of any indigenous group?	7/1	YES	☑ NO		
b Are you a person with disability?	If YES, please specify:	<u></u>			
c Are you a solo parent?	If YES, please specify II YES If YES, please specify II	✓ NO			
41. REFERENCES (Person not related by consanguinity or affinity	to applicant /appointee)				
NAME	ADDRESS	TEL. NO.	ID picture taken within		
REV. RONALD P. BALISTA	LIBERTAD, ISABEL, LEYTE	(053)-300-6962	the last 6 months 3.5 cm. X 4.5 cm (passport size)		
DR. ROSARIO A. SALAS	VISCA, BAYBAY CITY, LEYTE	9088732033	With full and handwritten name tag and signature over		
DR. ZENAIDA C. GONZAGA	VISCA, BAYBAY CITY, LEYTE	9176320387	printed name Computer generated		
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this administrative/criminal case/s against me.	tinent laws, rules and regulations of the epresentative to verify/validate the content	Republic of the s stated herein.	or photocopied picture is not acceptable PHOTO		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number Government Issued ID: PRC					
ID/License/Passport No. 0027403	box)				
Date/Place of Issuance: Tacloban	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant ex	chibiting his/her validly issue	ed government ID as indicated above.		
_	th				
			CS FORM 212 (Revised 2017), Page 4 of 4		