| CS Form No. 212 Revised 2017   |                      |                                |  |   |                                  |   |  |                            |                  |
|--|----------------------|--------------------------------|--|---|----------------------------------|---|--|----------------------------|------------------|
| Revised 2017   |                      | PERSOI                         | NAL DAT                                  | A SH  | IEE <sup>-</sup>                 | Γ   |  |                            |                  |
| WARNING: Any misrepresentat<br>concerned.<br>READ THE ATTACHED GUIDE 1 | TO FILLING OUT TH    | HE PERSONAL DATA SHE           | ET (PDS) BEFORE ACCOM                    | PLISHING TH   |                                  | М.  | e/criminal case/s                                    |                            |                  |
| Print legibly. Tick appropriate boxes  I. PERSONAL INFORMATION         |                      | e sheet if necessary. Indicate | N/A if not applicable. <b>DO NOT</b>     | ABBREVIATE.   |                                  | 1. CS ID No.  |  | (Do not fill up.           | For CSC use only |
| 2. SURNAME   | N                    |                                | BUCAL                                    |   |                                  |   |  |                            |                  |
| FIRST NAME   |                      |                                | ARGIE                                    |   |                                  |   | NAME EXTENSION (JF                                   | R., SR)                    |                  |
| MIDDLE NAME  |                      |                                | RAMOS                                    |   |                                  |   |  |                            |                  |
| 3. DATE OF BIRTH   |                      |                                |  |   |                                  |   |  |                            |                  |
| (mm/dd/yyyy)   | 12/22/1998           |                                | 16. CITIZENSHIP                          |   | Filipin                          | ☐ Filipino ☐ Dual Citizenship☐ by birth ☐ by naturalization |  |                            |                  |
| 4. PLACE OF BIRTH  | KILIM, BAY           | BAY CITY, LEYTE                | If holder of dual citizer                | nship,  |                                  |   | Pls. indicate  |                            | acion            |
| 5. SEX   | ✓ Male               | ☐ Female                       | please indicate the de                   | etails.   | Philippines                      |   |  |                            | _                |
| 6 CIVIL STATUS   | ✓ Single             | ☐ Married                      | 17. RESIDENTIAL ADDRESS                  |   |                                  |   |  |                            |                  |
| 0 0.11.2 0.11.100  | ☐ Widowed ☐ Other/s: | □ Separated                    |  | Нои   | ise/Block/Lot N<br>SITIO KIGA    | 0.  | BR   | Street<br>GY. SAN ISIDR    | 0                |
|  | ☐ Other/s:           |                                |  |   | bdivision/Village<br>BAYBAY CITY | е   |  | Barangay<br>LEYTE          |                  |
| 7. HEIGHT (m)  |                      | 1.78                           |  |   | ity/Municipality                 |   |  | Province                   |                  |
| 8. WEIGHT (kg)   |                      | 62.5                           | ZIP CODE                                 |   |                                  |   |  |                            |                  |
| 9. BLOOD TYPE  |                      | 0+                             | 18. PERMANENT ADDRESS                    | Нои   | ise/Block/Lot N                  | ·0.   |  | Street                     |                  |
| 10. GSIS ID NO.  |                      | N/A                            |  | Su  | SITIO KIGA<br>bdivision/Village  | e   | BR   | GY. SAN ISIDRO<br>Barangay | )                |
| 11. PAG-IBIG ID NO.  |                      | N/A                            |  |   | BAYBAY                           | CITY  | LEYTE  |                            |                  |
| 12. PHILHEALTH NO.   | N                    | N/A                            | ZIP CODE                                 | C   | City/Municipality<br>6521        |   |  | Province                   |                  |
| 13. SSS NO.  |                      | N/A                            | 19. TELEPHONE NO.                        |   | N/A                              |   |  |                            |                  |
| 14. TIN NO.  | N                    | N/A                            | 20. MOBILE NO.                           |   | 0920 750 1070                    |   |  |                            |                  |
| 15. AGENCY EMPLOYEE NO.  | N                    | N/A                            | 21. E-MAIL ADDRESS (if any)              |   | argieb52@gmail.com               |   |  |                            |                  |
| II. FAMILY BACKGROUND  |                      |                                |  |   |                                  |   |  |                            |                  |
| 22. SPOUSE'S SURNAME   |                      | N/A                            |  | 23. NAME of CHILDREN (Write full name and list all) |                                  |   | d list all)  | DATE OF BIRTH (mm/dd/yyyy  |                  |
| FIRST NAME   |                      | N/A                            | NAME EXTENSION (JR., SR)                 | N/A   |                                  |   |  | N/A                        |                  |
| MIDDLE NAME  |                      | N/A                            |  | N/A   |                                  |   | N/A  |                            | N/A              |
| OCCUPATION   |                      | N/A                            |  | N/A   |                                  |   | N/A  |                            | N/A              |
| EMPLOYER/BUSINESS NAME   |                      | N/A                            |  | N/A   |                                  |   | N/A  |                            | N/A              |
| BUSINESS ADDRESS   |                      | N/A                            |  | N/A   |                                  |   | N/A  |                            | N/A              |
| TELEPHONE NO.  |                      | N/A                            |  | N/A   |                                  |   |  | N/A                        |                  |
| 24. FATHER'S SURNAME   |                      | BUCAL                          | Luur syssian yn an                       | N/A   |                                  |   | N/A  |                            |                  |
| FIRST NAME   | P.                   | ATRECIO                        | NAME EXTENSION (JR., SR)                 |   | N/A                              |   |  | N/A                        |                  |
| MIDDLE NAME  |                      | BEJOC                          |  |   |                                  | N/A N/A   |  | N/A                        |                  |
| 25. MOTHER'S MAIDEN NAME   |                      |                                |  |   |                                  | N/A   |  | N/A                        |                  |
| SURNAME  |                      | BUCAL                          |  | NA<br>NA  |                                  |   |  | N/A                        |                  |
| FIRST NAME RODELINA  |                      |                                | N/A                                      |   |                                  |   | N/A  |                            |                  |
| MIDDLE NAME  | BOUND                | RAMOS                          |  |   | (Co                              | ontinue on se   | parate sheet if neces                                | ssary)                     |                  |
| III. EDUCATIONAL BACKGE  | ROUND                |                                |  |   |                                  |   |  |                            | SCHOLARSHIP/     |
| 26.<br>LEVEL   |                      | E OF SCHOOL<br>Write in full)  | BASIC EDUCATION/DEGRE<br>(Write in full) | EE/COURSE   | PERIOD OF A                      | ATTENDANCE<br>To  | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED          | ACADEMIC         |
| ELEMENTARY   | KILIM ELE            | MENTARY SCHOOL                 | N/A                                      |   | 6/27/2005                        | 6/27/2011   | N/A  | 2011                       | WITH<br>HONORS   |
| SECONDARY  | BAYBAY NAT           | TIONAL HIGH SCHOOL             | N/A                                      |   | 7/27/2011                        | 06/07/2015  | N/A  | 2015                       | 11TH<br>HONORABL |
| VOCATIONAL /<br>TRADE COURSE   |                      | N/A                            | N/A                                      |   | N/A                              | N/A   | N/A  | N/A                        | N/A              |
| COLLEGE  |                      |                                | B.S in AGRICULTURAL ENGINEERING          |   | 7/23/2015                        | 6/22/2020   | N/A  | 2020                       | DOST-SEI         |

N/A

N/A

N/A

N/A

N/A

N/A

GRADUATE STUDIES

N/A

| SIGNATURE |  | DATE | September 27, 2022 |
|-----------|--|------|--------------------|
|-----------|--|------|--------------------|

CS FORM 212 (Revised 2017), Page 1 of 4

| IV. CIVIL S  | ERVICE ELIG                | GIBILITY                              |                          |   |   |                   |                               |                          |                     |
|--|----------------------------|---------------------------------------|--------------------------|---|---|-------------------|-------------------------------|--------------------------|---------------------|
|  |                            | RATING                                | DATE OF<br>EXAMINATION / | TION / CONFERMENT   |   | LICENSE (if a     | oplicable)                    |                          |                     |
| ВА   |                            | ITY / DRIVER'S LICENSE                | (If Applicable)          | CONFERMENT  | PLACE OF EXAMINA                                |                   |                               | NUMBER                   | Date of<br>Validity |
| DRIVER'S LICENSE N/A   |                            | N/A                                   | 22/12/2018               | LTO Bldg., Zone 23, R. Magsaysay Ave, BAYBAY<br>CITY, LEYTE |   |                   | H12-19-001239                 | 22/12/2023               |                     |
| AGRICULTURAL AND BIOSYSTEMS ENGINEER<br>LICENSURE EXAMINATION PASSER (RA 1080) |                            | N/A                                   | 09/15-16/2022            | CEBU DOCTOR UNIVERSITY, CEBU CITY, CEBU                     |   |                   | N/A                           | N/A                      |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       | (Con                     | tinue on separate sheet                                     | if necessary)                                   |                   |                               |                          |                     |
|  | EXPERIENCE                 |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            | ent. Start from your recen            | t work) Descriptio       | n of duties should t  | pe indicated in the attach                      | ed Work Ex        | perience shee                 | t.                       |                     |
|  | USIVE DATES<br>nm/dd/yyyy) | POSITION T<br>(Write in full/Do not   |                          |   | ENCY / OFFICE / COMPANY<br>I/Do not abbreviate) | MONTHLY<br>SALARY | GRADE (if applicable) & STEP  | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE    |
| From   | То                         |                                       |                          | ,   |   | JALAIN            | (Format "00-0")/<br>INCREMENT |                          | (Y/ N)              |
| 01/03/2021   | 01/05/2021                 | Bureau of Fisheries<br>Resources – MA |                          |   | sheries and Aquatic                             | 20000.00          | N/A                           | CONTRACTUA<br>L          | Y                   |
| 09/10/2021   | 07/10/2022                 | PART-TIME INST                        |                          |   | TATE UNIVERSITY                                 | NF                | N/A                           | CONTRACTUA               | Υ                   |
|  |                            |                                       |                          |   |   |                   |                               | <u> </u>                 |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  |                            |                                       |                          |   |   |                   |                               |                          |                     |
|  | 1                          |                                       |                          |   |   |                   |                               |                          |                     |

|           | (Continue on separate sheet if necessary) |  |      |  |              |         |  |  |
|-----------|---|--|------|--|--------------|---------|--|--|
| SIGNATURE |   |  | DATE |  | SEPTEMBER 27 | 7, 2022 |  |  |

CS FORM 212 (Revised 2017), Page 2 of 4

| VI. VOLUNTARY WORK OR INVOLVEMENT  | IN CIVIC / NON-GOVERNMENT | /PEOPLE/V   | OLUNTARY (                   | ORGANIZATIO           | DN/S  |  |  |  |
|--|---------------------------|---|------------------------------|-----------------------|---|--|--|--|
| 29. NAME & ADDRESS OF OI<br>(Write in full   |                           |   | /E DATES<br>d/yyyy)<br>To    | NUMBER OF HOURS       |   | POSITION / NATURE OF WORK  |  |  |
| N/A  |                           | N/A   | N/A                          | N/A                   |   | N/A  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  | (Con                      | tinue on separate :                                   | sheet if necessary           |                       |   |  |  |  |
| VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu |                           |   |                              | hief/Executive/Mar    | agerial positions)                          |  |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE   |                           | ATTEN   | DATES OF<br>DANCE<br>d/yyyy) | NUMBER OF HOURS       | Type of LD<br>( Managerial/<br>Supervisory/ | CONDUCTED/ SPONSORED BY (Write in full)                              |  |  |
|  |                           | From  | То                           |                       | Technical/etc)                              |  |  |  |
| PHILRICE STUDENT-TRAINEE ENGAGEMENT  | PROGRAM (STEP)            | 06/10/2019  | 7/24/2019                    | 256.0                 | TECHNICAL                                   | PHILIPPINE RICE RESEARCH INSTITUTE -<br>CENTRAL EXPERIMENTAL STATION |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  |                           |   |                              |                       |   |  |  |  |
|  | (Con                      | tinue on separate                                     | sheet if necessary,          | )                     |   |  |  |  |
| VIII. OTHER INFORMATION  |                           |   |                              |                       |   |  |  |  |
| 31. SPECIAL SKILLS and HOBBIES   | 32. NON-                  | I-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) |                              |                       |   | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)           |  |  |
| SWIMMING   |                           | Non   | е                            |                       |   | Philippine Society of Agricultural and<br>Biosystem Engineering -    |  |  |
| DRIVING  |                           |   |                              | Side your Engineering |   |  |  |  |

| (Continue on separate sheet if necessary) |  |      |                    |  |
|---|--|------|--------------------|--|
| SIGNATURE                                 |  | DATE | SEPTEMBER 27, 2022 |  |

CS FORM 212 (Revised 2017), Page 3 of 4

| 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 appointed, |   |                                    |  |  |  |  |
|-----|---|---|------------------------------------|--|--|--|--|
|     | a. within the third degree?   |   | ☐ YES ☑ NO                         |  |  |  |  |
|     | b. within the fourth degree (for Local Government Unit - Car  | reer Employees)?                        | ☐ YES ☑ NO                         |  |  |  |  |
|     |   | If YES, give details:                   |                                    |  |  |  |  |
| 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 ☑ NO                         |  |  |  |  |
|     |   |   | If YES, give details:              |  |  |  |  |
|     |   |   | Date Filed:                        |  |  |  |  |
|     |   |   | Status of Case/s:                  |  |  |  |  |
| 36. | Have you ever been convicted of any crime or violation of a   | ny law, decree, ordinance or regulation | ☐ YES ☑ NO                         |  |  |  |  |
|     | by any court or tribunal?   | If YES, give details:                   |                                    |  |  |  |  |
|     |   |   |                                    |  |  |  |  |
| 37. | Have you ever been separated from the service in any of th  | e following modes: resignation,         | ☐ YES ☑ NO                         |  |  |  |  |
|     | retirement, dropped from the rolls, dismissal, termination, en  | nd of term, finished contract or phased | If YES, give details:              |  |  |  |  |
|     | out (abolition) in the public or private sector?  |   |                                    |  |  |  |  |
| 38. | a. Have you ever been a candidate in a national or local ele<br>Barangay election)?   | ction held within the last year (except | ☐ YES ☑ NO                         |  |  |  |  |
|     | Darangay election):   |   | If YES, give details:              |  |  |  |  |
|     | b. Have you resigned from the government service during the   |   | ☐ YES ☑ NO                         |  |  |  |  |
|     | election to promote/actively campaign for a national or local   |   | If YES, give details:              |  |  |  |  |
| 39. | Have you acquired the status of an immigrant or permanent   | t resident of another country?          | ☐ YES ☑ NO                         |  |  |  |  |
|     |   |   | If YES, give details (country):    |  |  |  |  |
| 40  | D   | 0 ( ( D)                                |                                    |  |  |  |  |
|     | 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 If YES, please specify: |  |  |  |  |
| b.  | Are you a person with disability?   |   |                                    |  |  |  |  |
|     |   |   | 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 applican   | it /appointee)                          |                                    |  |  |  |  |
|     | NAME  | ADDRESS                                 | TEL. NO.                           |  |  |  |  |
|     | DR. WILSON A. AUREO   | SCHOOL HEAD - MAILHI NATIONAL HIGH      | 0935 734 5537                      |  |  |  |  |
|     |   | SCHOOL, BAYBAY CITY, LEYTE              |                                    |  |  |  |  |
|     |   |   |                                    |  |  |  |  |
|     |   |   |                                    |  |  |  |  |
| 42. | I declare under oath that I have personally accomplished  | this Personal Data Sheet which is a tr  | rue, correct and                   |  |  |  |  |
|     | complete statement pursuant to the provisions of pertine  |   |                                    |  |  |  |  |
|     | Philippines. I authorize the agency head/authorized representation made in this doc   | •                                       |                                    |  |  |  |  |
|     | administrative/criminal case/s against me.  | ument and its attachments shall caus    | se the filling of                  |  |  |  |  |
|     | J .   |   |                                    |  |  |  |  |
|     | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  |   |                                    |  |  |  |  |
|     | LEASE INDICATE ID Number and Date of Issuance   |   |                                    |  |  |  |  |
| G   | overnment Issued ID: DRIVER'S LICENSE   |   |                                    |  |  |  |  |
| ID  | /License/Passport No.: H12-19-001239  | nov)                                    |                                    |  |  |  |  |

SEPTEMBER 27, 2022

| Date/Place of Issuance: DECEMBER 22, 2010/BATBAT CITT | Date Accomplished Right Thumbmark   |
|---|---|
| SUBSCRIBED AND SWORN to before me this                | , affiant exhibiting his/her validly issued government ID as indicated above. |
|   |   |
|   |   |
|   | Person Administering Oath   |

CS FORM 212 (Revised 2017), Page 4 of 4