CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s

against the person concerned.

	IDE TO FILLING OUT THE PERS S ( ) and use separate sheet it	. ,				IING THE PI		ot fill up. For CSC use only)		
I. PERSONAL INFORMA										
2. SURNAME	LUMAYAG									
FIRST NAME	RACHELLE ANNE					NAME EXTENSI	ON (JR., SR)			
MIDDLE NAME	DIPUTADO									
DATE OF BIRTH     (mm/dd/yyyy)	12/28/1994	16. CITIZENSHIP			Filipino	☐ Dual Citi	izenship			
4. PLACE OF BIRTH	Polomolok, South Cotabato	If holder of dual citizenship		Pls. indicate country:						
5. SEX	☐ Male ☑ Female	please indicate the details.		•						
6 CIVIL STATUS	<ul><li>☑ Single ☐ Married</li><li>☐ Widowed ☐ Separated</li></ul>	17. RESIDENTIAL ADDRESS	DRESS 34  House/Block/Lot No.							
	☐ Other/s:		House/Block/Lot No. Street  LAMAK  Subdivision/Village Barangay							
7. HEIGHT (m)			ŀ	HILONGO	S	LEYTE				
8. WEIGHT (kg)	60	ZIP CODE	City/Municipality ZIP CODE			Province 6524				
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS  34  House/Block/Lot			ot No.	Purok 5 Street				
10. GSIS ID NO.	N/A					SAN ROQUE				
11. PAG-IBIG ID NO.	N/A			ubdivision/Village Barangay  SOGOD SOUTHERN LEYTE						
12. PHILHEALTH NO.	12-025841604-5	ZIP CODE	City	City/Municipality Province 6606						
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A						
14. TIN NO.	770-691-372	20. MOBILE NO.		09979225654						
15. AGENCY EMPLOYEE NO.	N/A	N/A 21. E-MAIL ADDRESS (if any)			lumayagrachelleanned@yahoo.com					
II. FAMILYBACKGROU	ND		100 11414	F COUNT	DDEN 4					
22. SPOUSE'S SURNAME			and list a		DREN (V	Vrite full name	DATE OF BI	RTH (mm/dd/yyyy)		
FIRST NAME		NAME EXTENSION (JR., SR)								
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAM										
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME	LUMAY									
FIRST NAME	ANTONIETTO	NAME EXTENSION (JR., SR)								
MIDDLE NAME	DABANI	DAN								
25. MOTHER'S MAIDEN NAME										
SURNAME	DIPUTADO									
FIRST NAME	ELSIE									
MIDDLE NAME	OCARIS			(Continue on separate sheet if necessary)						
III. EDUCATIONAL BAC	KGROUND	T				HIGHEST				
26. LEVEL		BASIC EDUCATION/DEGREE/C (Write in full)	OURSE		OD OF DANCE To	LEVEL/ UNITS EARNED (if not	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	Felipe Tayko Memorial School						2007			
SECONDARY	Negros Oriental High School						2011			
VOCATIONAL / TRADE COURSE										
COLLEGE	Southern Leyte State University-Main Campus	Bachelor of Science in Indus Technology-Food Preparati					2020			
GRADUATE STUDIES										
0101147177		(Continue on separate sheet in	f necessa		TC					
SIGNATURE	1			DF	\TE	I				



IV. CIVIL S	ERVICE ELI	IGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		ERMENT	LICENSE (i	f applicable)  Date of Validity	
Career Service Subprofessional Eligibility			81.0	10/13/2013	Foundation Universit		validity		
- Carcer Ger	Vice Gubpi on	coolonal Englonity	01.0	10/10/2010	Touridation only croit	y, Damaş			
			(Conti	nue on separate sh	eet if necessary)				
	EXPERIENC		recent work) D	escription of di	uties should be indicate	d in the :	attached Wo	rk Experienc	e sheet
	ISIVE DATES	ioni. Gtart irom your	recent work, b		atics should be maleute	a iii tiio t	Titaerrea vve	TR EXPONENT	o Silect.
	m/dd/yyyy)	POSITION T			GENCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if applicable) & STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full/Do not abbreviate)		SALARY (Format "00-		APPOINTMENT	(Y/ N)
05/10/2020	12/31/2020	COVID19 CONTAC	CT TRACER		of Interior and Local nt- Southern Leyte				
					•				
			/A!		and if manages and				
SIGNA	ATURE		(Conti	nue on separate sh	eet if necessary)  DATE				
	-					_			

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC/NOI	N-GOVERNM	ENT/PEOPLE	E/VOLUNTAR	Y ORGANIZATION/S
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	То			
N/A					
	(Conti	nue on separate si	heet if necessary)		
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)					Chief/Executive/Managerial positions)
30 TITLE OF LEARNING AND DEVELOPMENT	INCLUSIVE	DATES OF DANCE		Type of LD ( Managerial/	CONDUCTED/SPONSORED BY
INTERVENTIONS/TRAINING PROGRAMS (Write in full)		d/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
Building Resilience of LGU's for the New Normal:	10/05/2020	10/06/2020		Team Training	Department of Interior and Local
Embracing the COVID-19 Contact Tracing Work					Government- Southern Leyte
On the Job Training- Diamond Suites and	08/15.2019	03/13/2020		Skills Training	
Residences Leadership Training Seminar- Workshop on Campus	11/21/2018		4 hours	Leadership	Diamond Suites and Residences  Office of the Students Affair- Southern Leyte
Leaders' Integrity and Moral Responsibility in the protection of the Welfare of SLSU Students ( with emphasis on Addictive Behaviors				Training	State University- Main Campus
SLSU "SWAK NA Swak" Livelihood Training and	02/17/2018		4 hours	Skills Training	
Awareness Seminar BSFTE and BSIT- Food Preparation and service Technology ang Garments Technology Curriculum	02/17/2018		4 hours	Team Training	Supreme Student Republic  College of Engineering and Technology
Revisit	02/11/2010		Tilouio	Todili Trailing	onogo or Engineering and Commonly
PAGBANSAY Technical Seminar Workshop	09/16/2017		8 hours	Technical	Supreme Student Republic
PAGBANSAY: SLSU Student Leaders' Convention	08/19/2017	08/20/2017	8 hours	Team Training	Supreme Student Republic
Seminar on ASEAN's 50th Founding Anniversary	08/08/2017		4 hours		Southern Leyte State University-Main Campus
	(Conti	nue on separate si	hoot if nocossary)		
VIII. OTHER INFORMATION	(Conti	rue on Separate Si	neet ii necessary)		
31. SPECIAL SKILLS and HOBBIES 2	NON-		ICTIONS / RECOGN e in full)	ITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION
		(1110	o iii idii)		(Write in full)
	(Conti	nue on separate si	heet if necessary)		
SIGNATURE			_	4 <i>TE</i>	

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34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be apppoint							
	a. within the third degree?	Unit Cores Francisco \2		☑ NO				
	b. within the fourth degree (for Local Government	Unit - Career Employees)'?	☑ YES  If YES, give details:	□ NO				
		Bryle Japhet Diputado - Philippine Navy						
		Aı	mado Diputado Jr Police Officer					
35.	a. Have you ever been found guilty of any adminis	strative offense?	☐ YES ☐	<del>-</del>				
			If YES, give details:					
	b. Have you been criminally charged before any c	court?	☐ YES  If YES, give details:	☑ NO				
			Date Filed:					
			Status of Case/s:					
36.	Have you ever been convicted of any crime or vio	lation of any law, decree,	☐ YES	✓ NO				
	ordinance or regulation by any court or tribunal?		If YES, give details:					
^-	Haraman and haraman and the state of the sta	an of the fallers						
37.	Have you ever been separated from the service ir resignation, retirement, dropped from the rolls, dis	•	☐ YES If YES, give details:	✓ NO				
	finished contract or phased out (abolition) in the p	ublic or private sector?						
38.	a. Have you ever been a candidate in a national of	r local election held within the	☐ YES	☑ NO				
	last year (except Barangay election)?		If YES, give details	S:				
	b. Have you resigned from the government servic period before the last election to promote/actively	. ,	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant o	, ,	-					
	country?	•	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 837 Persons (RA 7277); and (c) Solo Parents Welfare	, , , <del>-</del>						
a.	Are you a member of any indigenous group?	ACI 01 2000 (RA 0972), piease	☐ YES	IJ NO				
			If YES, please specify:	☑ NO				
b.	Are you a person with disability?		☐ YES If YES, please specify I	☑ NO ☑ NO				
c.	Are you a solo parent?							
		If YES, please specify I	D No:					
41.	REFERENCES (Person not related by consanguinity or affinity	to applicant /appointee)						
	NAME	ADDRESS	TEL. NO.					
	IRIS VILLA M. RIN	MLGOO Sogod, Southern Leyte	9771101514					
	LOURNA S. ACASO	Barangay Rizal, Sogod, Southern	9103253472					
	ROXANNE M. CEJAS	Leyte San Roque, Sogod, Southern	9178911637					
42.	I declare under oath that I have personally accom	Leyte polished this Personal Data Sheet						
	correct and complete statement pursuant to the	provisions of pertinent laws, rules	and regulations	LUMAYAG, RACHELLE ANNE D.				
	of the Republic of the Philippines. I authorize verify/validate the contents stated herein. I a			PHOTO				
	document and its attachments shall cause the filin	•						
_	and the second s							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, PLEASE INDICATE							
Go	overnment Issued ID: PHIL. HEALTH							
ID	/License/Passport No. <b>12-025841604-5</b>	Signature (Sign inside t	he box)					
Da	ate/Place of Issuance: DUMAGUETE CITY	Date Accomplishe		Right Thumbmark				
屵								
SUB	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
		0 - 11-						
		Oath						
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