CS FORM NO. 212 Revised 2017 PERSONAL DATA SHEET WARNING Anymis representation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filting of administrative/criminal case/s against								
he person concerned.	TOFILLINGOUT THE PERSONAL DATASH							
Print legibly. Tick appropri	Le boxes () and use separate sheet	if necessary. Indicate I	V/A if not ap	plicable. I	1.CSIDN	(Do not	fill up. For C	SCuse only)
2. SURNAVE	Larrazabal							
						NAMEEXTENSIO	N (JR, SF)	-
FIRST NAME	Alaina							
MIDDLE NAME	Gabisay							
 DATE OF BIRTH (mm/dd/yyyy) 	9/22/1998	16. CITIZENSHIP	Filipino					
4. PLACE OF BIRTH	Kananga, Leyte	If holder of dual citiz	itizenship, Pls. indicate country:				y:	
5. SEX	Fernale	please indicate the	details.					
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRE	House	Door 4 /Block/Lo	No.	F. A Larrazabal Street Street		
				livision/Villa			Poblacion Barangay	
7. HEIGHT (m)	1.57			Kananga			Leyte	
8. WEIGHT (kg)	51	ZIP CODE	City	/Municinal	tv	6531	Province	
9. BLOODTYPE	N/A	18. PERMANENT ADDRE		Door 4			rrazabal Str	eet
-	N/A		House	House/Block/Lot No.			Street Poblacion	
10. GSIS ID NO.			Suba	livision/Villa Kananga	ige	Barangay Leyte		
11. PAGIBIGID NO.	N/A		City	/Municipal	ty		Province	
2. PHILHEALTH NO.	N/A	ZIP CODE					6531	
3. SSS NO.	N/A	19. TELEPHONE NO.		N/A				
14. TIN NO.	N/A	20. MOBILE NO.		09562367878				
15. AGENCY EMPLOYEE NO.	0. N/A 21.E-MAIL ADDRESS (if a constanciandraangulo@gmail.com							
II. FAMILY BACKGRO			23 NAME o	f Chill DDE	N (White fo	ıll name and lis	DATE OF BIL	Db/mm/dd
22 SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR, SR)	all)	I CHILDREI	v (valte it	ili flaffie affu ils		yy)
FIRST NAME	N/A							-
MIDDLE NAME	N/A						-	
OCCUPATION	N/A							-
EMPLOYER/BUSINESS NA	N/A							-
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24:ATHER'S SURNAME	Larrazabel	9:						
FIRST NAME	Alan Mathias							
MIDDLE NAME	Aballe							
25 MOTHER'S MAIDEN NAME								
SURNAME	Gabisay							
FIRST NAME	Joan	Joan						
MIDDLE NAME	Sulla			(Continu	e on sepa	rate sheet if ne	ecessary)	
III EDUCATIONAL E	MACKGROUND			_		HIGHEST LEVEL/		SCHOLARSHIP,
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	UNITSEARNED (if not graduated)	YEAR SRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	Kananga Central School				######		2011	4th Honorable
SECONDARY	Kananga National High School			#####	#####		2015	Achiever and
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	Leyte normal university	Bachelor of Secondary Major in Social St	Education udies	#####	#####		2021	Competer ein
GRADUATE STUDIES	N/A	•						i
	(Continu	ue on separate sheet if r	necessary)					
SIGNATURE	oglands/			DA	ΤE			

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			DATE OF				LICENSE (if ap	plicable)	
			EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFE	RMENT	NUMBER	Date of Validity	
				-		-			
				-		-			
_									
V WORK F	XPERIENCE		(Соп	tinue on separate sheet	if necessary)				
			nt work) Descriptio	on of duties should	be indicated in the attac	hed Work E	xperience she	et.	
	(Include private employment. Start from your recent work) Descriptio 28. INCLUSIVE DATES (mm/ dd/yyyy) POSITION TITLE			DEPARTMENT / AGE		SALARY/JOB/PAY GRADE (if applicable)& STEP (Format "00-0") /INCREMENT		GOVT SERVICE	
From	То	(Write in full/Do not	abbreviate)	(Write in full,	SALARY	STEP (Format "00-0") /INCREMENT	APPOINTMENT	(Y/ N)	
		,							
		,							
-		,		,					
		,							
		,							
		,							
		,							
-									
(Continue on separate sheet if necessary)									
SIGNA	NTURE				DATE				

VI.	VOLUNTARY WORK OR INVOLVEME	ENT IN CIVIC / NON-GOVER	NMENT / PE	EOPLE / VOL	.UNTARY OF	RGANIZATIO	N/S	
29.	NAME & ADDRESS OF O (Write in ful	RGANIZATION I)	INCLUSI (mm/c	VE DATES ld/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
			TIOIII	10				
<u></u>								
		(Continu	ue on separate s	sheet if necessa	nry)			
VII.	LEARNING AND DEVELOPMENT (L	L&D) INTERVENTIONS/TRA	INING PROC	GRAMS ATT	ENDED			
30.	TITLE OF LEARNING AND DEVELOPMENT INT (Write in ful	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
			From	То		Technica(etc)		
							,	
		(Contin	ue on separate :	sheet if necessa	nny)			
VIII	. OTHER INFORMATION							
31	. SPECIAL SKILLS and HOBBIES	32. NON-AC		NCTIONS / RECO in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
					-			
			-		-			
		(Contin	ue on separate s	sheet if necessa	nry)			
	SIGNATI IRF	I			DΔ	TE	I	

34. Are you related by consanguinity or affinity to the chief of bureau or office or to the person who have						
Bureau or Department where you will be apppoint						
a. within the third degree?						
b. within the fourth degree (for Local Governme	ent Unit - Career Employees)?					
		If YES, give deta	ils:			
35. a. Have you ever been found guilty of any admir	nistrative offense?	-				
3		If YES, give deta	iils:			
b. Have you been criminally charged before any	court?					
		If YES, give deta	iils:			
		Date Filed: tatus of Case/s:				
36. Have you ever been convicted of any crime or v	iolation of any law, decree,	10100 01 0000, 0.				
ordinance or regulation by any court or tribunal		If YES, give deta	ils:			
37. Have you ever been separated from the service						
resignation, retirement, dropped from the rolls, term, finished contract or phased out (abolition		If YES, give details:				
38. a. Have you ever been a candidate in a national	or local election held within the					
last year (except Barangay election)?		If YES, give details:				
b. Have you resigned from the government serv						
period before the last election to promote/acti		If YES, give details:				
39. Have you acquired the status of an immigrant of country?	or permanent resident of another					
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 83						
Disabled Persons (RA 7277); and (c) Solo Parer	nts Welfare Act of 2000 (RA 8972					
Are you a member of any indigenous group?		 If YES, please specify:				
Are you a person with disability?						
c Are you a solo parent?		If YES, please spec	eify ID No:			
Are you a solo parent:		If YES, please spec	eify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to a	applicant /appointee)					
NAME	ADDRESS	TEL NO.	ID picture taken within the last 6 months			
			4.5 cm. X 3.5 cm (passport size)			
			Computer generated			
			or photocopied picture is not acceptable			
42. I declare under oath that I have personally according true, correct and complete statement pursuant						
regulations of the Republic of the Philippines. I	authorize the agency head/authorize	orized				
representative to verify/validate the contents s misrepresentation made in this document and		,	PHOTO			
administrative/ariminal asso/s against ma						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID:						
ID/License/Passport No						
Date/Place of Issuance:	e box)					
Date/Prace of issualice.		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	Dath					
1						

Yes/No Cstat Gender
Yes Single Male
No Married Female
Separated

Widowed