CS Form No. 212 Revised 2017			01155					
	PERSO	NAL DATA	SHEE					
	tation made in the Personal Data Sheet and the	e Work Experience Sheet shall caus	se the filing of adm	Inistrative	criminal case/s a	gainst the per	son	
concerned. READ THE ATTACHED GUID	E TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOMPLISH	NG THE PDS FORI	I. CS ID No		(Do not fill up. I	or CSC use only	
Print legibly. Tick appropriate box	es () and use separate sheet if necessary. Indicate	N/A II not applicable. DO NOT ABBREY	MATE.	1,000				
2. SURNAME	GADON							
FIRST NAME	NICHOLE ANGEL LEI				NAME EXTENSION (J	R, SR)		
MIDDLE NAME	CAÑON	and the second s						
3. DATE OF BIRTH	11/3/2002	16. CITIZENSHIP			7	Elicate Low		
(mm/dd/yyyy)	11/3/2002	III. CITIZENSTIII	pino Dual Citizenship by birth by naturalization			ization		
4. PLACE OF BIRTH	SOGOD, SOUTHERN LEYTE	If holder of dual citizenship,		Pls. indicate of				
5. SEX	☐ Male ☑ Female	please indicate the details.	Philippines	Philippines				
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot N	lo.	N/A Street TALISAY			
and the last section of the section	☐ Widowed ☐ Separated ☐ Other/s:	A specific and a specific state of the artificial state of the specific state of the spe	N/A Subdivision/Villag	N/A			7-12	
7. HEIGHT (m)	1,473		BONTOC	1505	SC	Barangay OUTHERN LEYTE		
Control of the Contro	35	ZIP CODE	City/Municipality		6604	Province		
8. WEIGHT (kg)		18, PERMANENT ADDRESS	NA			N/A		
9. BLOOD TYPE	0+	e sourceson promise a	House/Block/Lot N N/A	0.	Mark process (M	Street TALISAY		
10. GSIS ID NO.	N/A ANAMARA	TRANSPORTER PROPERTY CONNERS	Subdivision/Villag			Barangay		
11. PAG-IBIG ID NO.	121343633290	Symposistop August 1	BONTOC City/Municipality		SOC	JTHERN LEYT Province	E	
12. PHILHEALTH NO.	132031047874	ZIP CODE	6604					
13. SSS NO.	N/A	19. TELEPHONE NO.	ELEPHONE NO. N/A					
14. TIN NO.	635-841-241-0000	20. MOBILE NO.		09753873357				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	nicholeangelleigadon@gmail.com					
I. FAMILY BACKGROUND				17-17-20-3			TA CITAL	
22. SPOUSE'S SURNAME,	N/A	THE RESERVE OF THE PARTY OF THE	ME of CHILDREN (Write	CHILDREN (Write full name and list all) DATE OF			H (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A N/A			/A	
MIDDLE NAME	N/A		N/A			N/A		
OCCUPATION	N/A		N/A			N/A		
EMPLOYER/BUSINESS NAME	N/A		N/A			N/A		
BUSINESS ADDRESS	N/A		N/A			N/A		
TELEPHONE NO.	N/A		N/A			N/A		
24. FATHER'S SURNAME	GADON							
FIRST NAME	ANDERSON	NAME EXTENSION (JR., SR)						
MIDDLE NAME	SERASPE							
5. MOTHER'S MAIDEN NAME								
SURNAME	CAÑON							
FIRST NAME	RICHEL MAE							
MIDDLE NAME	FLORES		(C	ontinue on s	eparate sheet if neces	sary)		
III. IEDUGATIONAL EAOKG	ROUND			132 139				
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COUR (Write in full)	SE PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
		September 1997 of the	From	To	ALCOHOLD BY	0044	RECEIVED	
ELEMENTARY	BONTOC CENTRAL SCHOOL	BASIC EDUCATION	2008	2014	N/A	2014	N/A	
SECONDARY	SOUTHERN LEYTE STATE UNIVERSITY - LHS ILOILO CITY NATIONAL HIGH SCH	BASIC EDUCATION	2014 2018	2018	NA)	2020	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A	
COLLEGE	CENTRAL PHILIPPINE UNIVERSITY COLLEGE OF MAASIN	BACHELOR OF SCIENCE IN ACCOUNT	ANCY 2020 2022	2022 2024	N/A	2024	N/A	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	O N/A	N/A	N/A	
		Continue on separate sheet if necessary)						
SIGNATURE	Spalgalor		DA	TE	programme allegations	July 11, 2025		



	SPECIAL LAWS	0 (BOARD/ BAR) UNDER I/ CES/ CSEE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT		LICENSE (if a	Date o	
	BARANGAY ELIGIBILITY / DRIVER'S LICENSE ("CAPACIONAL CONFERMENT CO		oralty Cabu	NUMBER	Validit				
Licensure Examination for Certified Public Accountants		78.5	May 25-27, 2025		ity	orany, conu		0.50	
Civil Service Examination Professional Level		82.8	82.8 March 26, 2023 Saint Joseph C			n City			
						J Fee			
							V. W (A) (A) (A)		
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INCLU	USIVE DATES m/dd/yyyy)	POSITION TIT (Write in full/Do not a	LE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOE/ PAY GRADE (I applicable)A STEP (Format '00 0')/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICI (Y/N)
ctober 27,	December 04, 2023	Intern		College of Maa	sin - Finance Office	N/A	N/A	N/A	N/A
ugust 15,)23	September 01, 2023	Intern			ting and Consultancy ervices	N/A	N/A	N/A	N/A
ıly 13, 2023	August 03, 2023	Intern		Municipality (Sovernment Office - nting Office	N/A	N/A	N/A	N/A
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SIGN	ATURE	palgo		munue on separate snoot	DATE	and the second	JULY	11, 2025	and the state of

29.	NAME & ADDRESS OF ORGAI (Write in full)	NIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
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. LEARNING	AND DEVELOPMENT (L&D) IN	TERVENTIONS/TRAINING P	ROGRAMS AT	(ENDED				
). TITLE O	LEADNING AND DEVEL OPMENT INTERM	ENTIONS TRAINING PROCRAMS	INCLUSIVE ATTENI		NUMBER OF HOURS	Type of LD	CONDUCTED/SPONSODED BY	
IIILEO	(Write in full)	RNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		(mm/dd/yyyy)		(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
			From To			Technical/etc)		
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II. OTHER IN	FORMATION			70.00		Page William		
31. SPI	ECIAL SKILLS and HOBBIES 3	NON	I-ACADEMIC DISTIN		OGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
SPI	LOWIL GIOLLS GIRL FIUDDIES	32. (Write in full)					33. (Write in full)	
							Junior Philippine Institute of Accountant	
							East Visayas Chapter Junior Philippine Institute of Accountant	
							Local Chapter Officer	
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	SIGNATURE	Galgali	7		and the second section of the second	TE	JULY 11, 2025	
	CONTROL OF THE PARTY OF THE PAR	mayan					332. 1., 2020	



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,	, services job in the Onice,			
a. within the third degree?		☐ YES ☑	NO	
b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	☐ YES ☑	NO	
	If YES, give details:			
ps, a. Have you ever been found guilty of any administrative of	ionso?			
, , 2501 loand gain, or any administrative on	YES 2	NO		
		If YES, give details:		
h Haya yay basa salata ili d				
b. Have you been criminally charged before any court?			NO	
		If YES, give details: Date Filed:		
		Status of Case/s:		
36. Have you ever been convicted of any crime or violation of a	☐ YES ☑] no		
any court or tribunal?		If YES, give details:	j no	
	The Control of the Co		er en 'tusoeten sit bisketine in _e t. 17 jan - Lean Long Hard, kilde sa	
37. Have you ever been separated from the service in any of the	e following modes: resignation, retirement,	1 [] []	NO	
dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	inished contract or phased out (abolition)	If YES, give details:		
a. Have you ever been a candidate in a national or local ele	ction held within the last year (except			
Barangay election)?	2.5 (2.5 (0.00pt	YES [If YES, give details:	☑ NO	
b. Have you resigned from the government service during to	he three (3)-month period before the last		✓ NO	
election to promote/actively campaign for a national or local	candidate?	If YES, give details:	- NO	
99. Have you acquired the status of an immigrant or permanen	t resident of another country?	Manager and the second of the		
		☐ YES ☑ NO If YES, give details (country):		
O. Duranantha (a) ladi				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 	gna Carta for Disabled Persons (RA			
Are you a member of any indigenous group?	, picase answer the following items:	YES If YES, please specify:	☑ NO	
	Are you a member of any indigenous group?			
Are you a person with disability?		☐ YES	✓ NO	
Are you a solo parent?		If YES, please specify ID	No:	
A second a second parents		YES If YES, please specify ID	☑ NO No:	
11. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)			
NAME	ADDRESS	TEL. NO.		
Melodina Orit	Maasin City, Southern Leyte			
Eleine Quirong				
	Maasin City, Southern Leyte			
Christyl Jane Tulaytay - Areglado	Bontoc, Southern Leyte			
2. I declare under oath that I have personally accomplished	d this Personal Data Sheet which is a	true, correct and		
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repres	nent laws, rules and regulations of the	Republic of the	GADON, NICHOLE ANGEL LEI C.	
agree that any misrepresentation made in this doc	ument and its attachments shall cau	se the filing of	PHOTO	
administrative/criminal case/s against me.				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	THE STATE OF THE S		Constant on an included included water and a second	
PLEASE INDICATE ID Number and Date of Issuance			Alla	
Government Issued ID: NATIONAL ID				
ID/License/Passport No.: 4679-4859-0341-8250	Signature (Sign Inside the	how) strategic to	Million State of the state of t	
Date/Place of Issuance: ILOILO CITY JUNE 2023	WA)			
LOILO GITT JUNE 2023	Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this 111	JIII 2025 , affiant exhibi	ting his/her validly issued cov	emment ID as indicated above.	
	CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE	and marries runding issued gov	on months as mulcated above.	
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	Person Administering Oa	ath		
			CS FORM 212 (Revised 2017), Page 4	