CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

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

concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FOR<u>M</u> Print legibly. Tick appropriate boxes 🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only I. PERSONAL INFORMATION 2. SURNAME LEQUIN NAME EXTENSION (JR., SR) FIRST NAME CHARITY **JAGUINES** MIDDLE NAME 3. DATE OF BIRTH 7/17/1996 16. CITIZENSHIP √ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH MANILA If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX Male √ Female 17. RESIDENTIAL ADDRESS BLOCK 6 LOT 5 CMP √ Single Married 6 CIVIL STATUS Widowed House/Block/Lot No Separated SO. SAN ROQUE LARRAZABAL Other/s: Subdivision/Village Barangay NAVAL BILIRAN 7. HEIGHT (m) 1.422 City/Municipality Province 8. WEIGHT (kg) 49.20 ZIP CODE 6560 BLOCK 6 LOT 5 18. PERMANENT ADDRESS CMP 9. BLOOD TYPE 0+ House/Block/Lot No Stree 10. GSIS ID NO. SO. SAN ROQUE LARRAZABAL N/A NAVAL BILIRAN 11. PAG-IBIG ID NO. 121279316803 City/Municipality Province 12. PHILHEALTH NO. N/A ZIP CODE 6560 13. SSS NO. 3486855258 19. TELEPHONE NO. N/A 14. TIN NO. 738937830 20. MOBILE NO. 09159659849 15. AGENCY EMPLOYEE NO. N/A lequincharity015@gmail.com 21. E-MAIL ADDRESS (if any) FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) N/A 22. SPOUSE'S SURNAME DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME N/A N/A N/A N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A N/A BUSINESS ADDRESS N/A N/A N/A N/A TELEPHONE NO **LEQUIN** 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME **ELMER** MIDDLE NAME **MANDAWE** 25. MOTHER'S MAIDEN NAME **JAGUINES** SURNAME **GENELITA** FIRST NAME ROSAS MIDDLE NAME (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** LEVEL UNITS FARNED HONORS RECEIVED GRADUATED (Write in full) (Write in full) (if not graduated) From То TALAHID ELEMENTARY SCHOOL ELEMENTARY 6/6/2006 N/A 2008 N/A 4/8/2008 ALMERIA NATIONAL HIGH SCHOOL SECONDARY 6/6/2008 4/15/2012 2012 N/A I/A VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE **BILIRAN PROVINCE STATE UNIVERSITY** BS IN COMPUTER ENGINEERING COLLEGE 6/14/2014 4/6/2019 N/A 2019 N/A GRADUATE STUDIES N/A N/A N/A N/A N/A N/A N/A **SIGNATURE** DATE June 5, 2024

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

	ERVICE ELIC	GIBILITY	· · · · · · · · · · · · · · · · · · ·						
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 EXAMINA	PLACE OF EXAMINATION / CONFERMENT			Date of Validity
CSE PROFESSIONAL			90.3	3/4/2024	NEW ORMOC CITY NA	TIONAL HIG			
DRIVER'S LICENSE			1.0	4/20/2020	LTO	H07-20-000451	7/17/2025		
				(Continue on separate s	heet if necessary)				
	EXPERIENCE rate employme	ent. Start from your recen	t work) Description	on of duties should l	be indicated in the attach	ed Work Ex	perience shee	t.	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION		POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT		GOV'T SERVICE (Y/ N)
3/24/2021	PRESENT	IT ADMINIST	RATOR		SURVEYING AND	16800.00	N/A	REGULAR	N
5/9/2022	5/92022	DESO TECHNICAL SU	JPPORT STAFF		SULTANCY ELEC NAVAL	8000.00	N/A	CASUAL	Υ
7/14/2020	3/23/2021	IT COORDIN	ATOR	LIGHTBRINGE	R LEARNING CENTER	6000.00	N/A	CONTRACTUAL	N
9/1/2019	11/1/2019	IT PROGRAI	MMER	WEB	WEB PLUS INC.			CONTRACTUAL	N
5/13/2019	5/13/2019	DESO TECHNICAL SU	JPPORT STAFF	COMELEC KAWAYAN		8000.00	N/A	CASUAL	Υ
SICN.	ATUPE	((Continue on separate s		l	06/05/2024		
SIGNATURE		I Japan			DATE		06/05/2024	CS FORM 212 (Revised 20	017), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (ORGANIZATIO	DN/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			/E DATES ld/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A	N/A		
		tinue on separate))			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PI						
30. TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(Wite in tall))	From	То		Technical/etc)	(vvrite in tuit)	
BASIC OCCUPATIONAL SAFETY AN		5/15/2023	5/19/2023	40.0	TECHNICAL	DEPARTMENT OF LABOR AND EMPLOYMENT	
INTERNATIONAL COLLABORATION IN ENGINEERI FOR A RESILIENT NEW I		2/22/2021	2/28/2021	168.0	TECHNICAL	POLYTECHNIC UNIVERSITY OF THE PHILIPPINES	
INSTALLING AND CONFIGURING CO		6/5/2024	6/5/2024	4.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (ONLINE COURSE) TECHNICAL EDUCATION AND SKILLS	
SETTING UP COMPUTER N		6/5/2024	6/5/2024	4.0	TECHNICAL	DEVELOPMENT AUTHORITY (ONLINE COURSE) TECHNICAL EDUCATION AND SKILLS	
INTRODUCTION TO	CSS	6/5/2024	6/5/2024	4.0	TECHNICAL	DEVELOPMENT AUTHORITY (ONLINE COURSE)	
	(Com	finus an annuata	ahaat if maaaaam				
VIII. OTHER INFORMATION	(Con	tinue on separate s	aneet ii necessary	1			
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN	NCTIONS / RECOG	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
ELECTRONIC REPAIR/TINKERING		INSTITUTE OF COMPUTER ENGINEERING O					
LEARN NEW TECH TRENDS		THE PHILIPPINES					
CREATE WEB APPLICATIONS							
DESIGN PHOTO INVITATIONS AND OTHERS							
SIGNATURE	(Com	tinue on separate :	sheet if necessary		ATE	06/05/2024	
SIGNATURE	J. Jog			J.	716	U0/U3/2024 CS FORM 212 (Revised 2017), Page 3 of	

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 arby any court or tribunal?	☐ YES ☑ NO If YES, give details:					
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local election.b. Have you resigned from the government service during the	☐ YES ☑ NO If YES, give details: ☐ 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	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————					
40.	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					
b.	Are you a person with disability?	If YES, please specify: YES NO If YES, please specify ID No:					
C.	Are you a solo parent?	Are you a solo parent?					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	SHARINA A. SABITSANA	TALAHID, ALMERIA, BILIRAN	9562364655	6			
	RUTH C. BATUTO	LARRAZABAL, NAVAL, BILIRAN	9488474450	(4)			
	LOUDIE B. SULIVA	NAVAL, BILIRAN	9195723155				
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
PL	Divernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: DRIVER'S LICENSE						
ID	/License/Passport No.: H07-20-000451	ox)					
Da	ate/Place of Issuance: 04/20/2020, LTO-NAVAL		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 (Provinced 2017). Page 4 of a						