CS Form No. 212 Revised 2017	D-1-0-0							
	PERSO	DNAL DA	TA S	HEE	T			
	tion made in the Personal Data Sheet and the			50		/criminal case/s	against the p	erson conc
	TO FILLING OUT THE PERSONAL DATA SHI) and use separate sheet if necessary. Indicate				M. 1. CS ID No.		(Do n	ot fill up. For C
I. PERSONAL INFORMATIO	N CONTRACTOR OF THE PARTY OF TH							
2. SURNAME	LAMBERTE					In the state of th	a Po	
FIRST NAME	RUEL	and the second s				NAME EXTENSION (JR N/A	L, SR)	
MIDDLE NAME	CUATON							
DATE OF BIRTH (mm/dd/yyyy)	04/24/98	16. CITIZENSHIP		☑ Filipi	no [Dual Citizenship	☐by natural	lization
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citize	nship,			Pls. indicate of	country:	
5. SEX	✓ Male Female	please indicate the d	etails.					•
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Нои	430 ise/Block/Lot N	0.		F. ROMAN Street POBLACIO	
	Other/s:	-	Su	bdivision/Villag	в		Barangay	
7. HEIGHT (m)	1.69			ity/Municipality			Province	
8, WEIGHT (kg)	67	ZIP CODE	652					
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Нои	430 ise/Block/Lot N	0.		F. ROMAN Street	10
10. GSIS ID NO.	N/A		Su	bdivision/Villag	9		POBLACIO Barangay	
11. PAG-IBIG ID NO.	N/A	1		HINDANG ity/Municipality			LEYTE Province	
12. PHILHEALTH NO.	N/A	ZIP CODE	6523	_{су} минісіраніў			PTOVINCE	
13. SSS NO.	N/A	19, TELEPHONE NO.	N/A					
14. TIN NO.	N/A	20. MOBILE NO.	0920-395	-3191				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	1		lambort	eruel24@gma	sil nom	
II. FAMILY BACKGROUND	N/A	21. E-MAIL ADDRESS (II arry)			Iamberte	rueiz+wyma	iii ,COIII	
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF	BIRTH (mm/do
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			N/A			N/A
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A			-				
24. FATHER'S SURNAME	LAMBERTE							
FIRST NAME	ROMEO	SR.						
MIDDLE NAME	VIVAR	1						
25. MOTHER'S MAIDEN NAME			<u> </u>					
SURNAME	CUATON							
FIRST NAME	NICANORA							
MIDDLE NAME	BAGASLAO				(Continue of	n separate sheet if n	ecessary)	
III. EDUCATIONAL BACKG	ROUND		500251392					
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR	EE/COURSE		ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHI HONORS F
ELEMENTARY	HINDANG NATIONAL HIGH SCHOOL	ELEMENTAR	ΙΥ	2005	To 2011	N/A	2011	DIPL
SECONDARY	HINDANG NATIONAL HIGH SCHOOL	HIGH SCHOO	DL	2011	2015	N/A	2015	3RD H
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCI AGRICULTURAL ENG		2015	2020	N/A	2020	DOST SO
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/
	(Da	(Continue on separate sheet if	necessary)					
					TE		14 - 26	

V. CIVIL SE		BILITY		DATE				LICENCE &	nlicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE PARAMONY ELIPINITY (LIPINGES) (CENSE (If Applicable)			DATE OF EXAMINATION /	TION / CONFE	RMENT	LICENSE (if app	Date of		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE ("		(ii i depressio)	CONFERMENT				NUMBER	Validity	
									-
									-
			(Cor	tinue on separate sheet	if necessary)				
	XPERIENCE ate employme	nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attac	hed Work E		eet.	
	SIVE DATES	POSITION TI	TLE	DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOVT
(mm/dd/yyyy) POSITION TI (Write in full/Do not			(Write in full/	Do not abbreviate)	SALARY	applicable)& STEP (Format "09-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)	
	10					IVONEMENT			
N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A
		h-managarin							

				-					
					-				
1									
									-
		*							
			(Cor	ntinue on separate sheet	if necessary)				
SIGNA	TURE	All	rlete		DATE	,	20 > 1/1	20	
SIGNA	OnL	- John			DATE		19-14-	CS FORM 212 (Revised 2	047) 0 2-44

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			DRGANIZATIO	ON/S	
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV (mm/di		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
1k						
VII. LEARNING AND DEVELOPMENT (L&D)	(Con INTERVENTIONS/TRAINING P		sheet if necessar	y)		
Start from the most recent L&D/training program and includ				iel/Executive Mana	gerial positions)	
1		INCLUSIVE ATTEN	DATES OF	NUMBER OF HOURS	Type of LD	CONDUCTED/ SPONSORED BY
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			(mm/dd/yyyy)		(Managerial/ Supervisory/ Technical/etc)	(Write in full)
		From	To		red « nasetto)	DEPARTMENT OF SCIENCE AND TECHNOLOGY-
CHEMICAL SAFETY AND HAZARDOUS	WASTE MANAGEMENT	09/10/2020	09/10/2020	2.0		INDUSTRIAL TECHNOLOGY AND DEVELOPMENT INSTITUTE
WATER RESOURCE TECHNOLOGY			07/25/2020	8.0		CENTRAL BICOL STATE UNIVERSITY OF
THE THE COUNTY IN		07/04/2020	0112012020	0.0		AGRICULTURE
SUSTAINABLE INNOVATIONS FOR CLIMA	TE CHANGE ADAPTATION	11/09/2017	11/09/2017	2.0		COLLEGE OF FORESTRY - VISAYAS STATE UNIVERSITY
	(Cor	ntinue on separate	sheet if necessar	(v)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-A	CADEMIC DISTING (Write)		ITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
		N/A	DEPARTMENT OF SCIENCE AND TECHNOLOGY SCHOLARS SOCIETY - VISAYAS STATE			
COMPUTER LITERATE (MS WORD, MS EXCEL, MS POWERPOINT, AUTOCAD, SKETCHUP)			UNIVERSITY CHAPTER			
MS POWERPOINT, AUTOCAD, SKETCHUP)						
				16		
GOOD COMMUNICATION SKILLS						
GOOD COMMUNICATION SKILLS						
MAIONI EDGEADI E IN CHIEF DES MESS.						
KNOWLEDGEABLE IN SHIELDED METAL ARC WELDING AND ELECTRICAL INSTALLATION						
BASIC KNOWLEDGE IN IBM SPSS STATISTICS						
PHOLO MUNICED BE MICH 9629 914 1191179						
	(Cor	ntinue on separati	sheet If necessa	ry)		
SIGNATURE	- Figure			DA	TE	09 - 14 - 20 GS FORM 212 (Revised 2017), Page 3 at 4
	///					CS FORM 212 (Revised 2017), Page 3 of 4

chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,	ne supervision over you in the Office,					
a. within the third degree?			☑ NO			
b. within the fourth degree (for Local Government Unit - Ca		/ NO				
		If YES, give details				
35. a. Have you ever been found guilty of any administrative of	offense?	YES [√ NO			
		If YES, give details				
b. Have you been criminally charged before any court?		YES	✓ NO			
B. Have you been difficulty dialoged below any court		If YES, give details:				
		Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of	any 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	the following modes: resignation,	YES	✓ NO			
retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	If YES, give details					
38. a. Have you ever been a candidate in a national or local e Barangay election)?	lection held within the last year (except	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during	the three (3)-month period before the last	YES	✓ NO			
election to promote/actively campaign for a national or loc	al candidate?	If YES, give detail				
39. Have you acquired the status of an immigrant or permane	ent resident of another country?	☐ YES If YES, give details	NO			
		ii 123, give details	(country).			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	lagna Carta for Disabled Persons (RA					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972). Are you a member of any indigenous group?	2), please answer the following items.	YES	✓ NO			
Ale you a member or any margenous group:		If YES, please specify:				
b. Are you a person with disability?		YES If YES, please specify	✓ 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 applic						
NAME	ADDRESS	TEL, NO,				
DR. BAYRON S. BARREDO	TACLOBAN CITY, LEYTE	0951-511-2133	96			
ENGR. JESSIE JAMES LAYAN	SAN VICENTE, DANAO, BOHOL	0919-612-9545	Tal			
ENGR. MYRWILLIENE MARIANO	NUEVA ECIJA CITY	0949-192-7504				
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized re I agree that any misrepresentation made in this d administrative/criminal case/s against me.	tinent laws, rules and regulations of the presentative to verify/validate the content	Republic of the s stated herein.	RUEL C. LAMBERTE			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	BAND.					
Government Issued ID:	Cap					
ID/License/Passport No.:	Signature (Sign inside the	box)				
Date/Place of Issuance:	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	- 111		government ID as indicated above,			
	PUBLIC ATTORNEY VIRSUANT TO R.A. 400					
	7110					