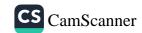
CS Form No. 212 Revised 2017	PI	ERSO	NAL DAT	A SH	EET		1-11-1	4.5		
WARNING: Any misrepresentati	ion made in the Personal Dat	a Sheet and the V	Vork Experience Sheet shall	cause the filing	g of adminis	trative/crim	inal case/s agair	st the persor	concerned.	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSO	NAL DATA SHEE	T (PDS) BEFORE ACCOMP	LISHING THE F						
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO.	(and use separate sheet if ne	cessary. Indicate N/	A if not applicable. DO NOT AB	BREVIATE.		1 CS ID No.		(Do not fill up.	For CSC use only)	
2 SURNAME	DOCENA		Carlo				A PROPERTY OF	-		
FIRST NAME	MARVIN NAME EXTENSION (JR., SR)									
	MARVIN									
MIDDLE NAME 3. DATE OF BIRTH	ALVARINA									
(mm/dd/yyyy)	NOVEMBER 03, 1999		16. CITIZENSHIP	L⊠ Filipino L			☐ Dual Citizenship ☐ by birth ☐ by naturalization			
4. PLACE OF BIRTH	BALANGIGA, EASTERN SAMAR		If holder of dual citizenship, please indicate the details.		Pls, indicate country:					
5. SEX	☑ Male	☐ Female	please indicate the details,		→					
6 CIVIL STATUS	☑ Single ☐ Widowed ☐ Other/s:	☐ Married ☐ Separated	Sub		se/Block/Lot No.			R. F. DURAN ST		
	1.77m	-			bdivision/Village			Barangay		
7. HEIGHT (m)	65 kg				BALANGIGA ty/Municipality		EA	Province		
8. WEIGHT (kg)	05 kg	17.11.0	ZIP CODE					10 10 10		
9. BLOOD TYPE	0+		18. PERMANENT ADDRESS	Hous	se/Block/Lot No.		DF	R. F. DURAN ST Street		
10. GSIS ID NO.	N/A						P	OBLACION 06		
11. PAG-IBIG ID NO.	N/A	- Inchide			division/Village BALANGIGA	-		Barangay EASTERN SAM	IAR	
12. PHILHEALTH NO.	N/A		ZIP CODE	Cit	ty/Municipality 6812			Province		
13. SSS NO.	N/A		19. TELEPHONE NO.							
14. TIN NO.	N/A		20. MOBILE NO.			+63	926 630 4227	•		
15. AGENCY EMPLOYEE NO.	N/A				marvingdocena03@gmail.com					
II. FAMILY BACKGROUND	NA		21. E-MAIL ADDRESS (if any)	CATALOGUE SEASON	marv	ingaoce	nau3@gmai	i.com		
22. SPOUSE'S SURNAME		N/A		23. NAME of CHIL	DREN (Write f	full name and l	liet all	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME		INIA	NAME EXTENSION (JR., SR)	20. NAME OF GAIL	LDKEN (WINE)	uli fidifie difu	ist all)	DATE OF BIR	H (mm/ad/yyyy)	
MIDDLE NAME										
OCCUPATION SALES									-	
EMPLOYER/BUSINESS NAME				-						
BUSINESS ADDRESS TELEPHONE NO.				-						
24. FATHER'S SURNAME		DOCENA				-				
FIRST NAME	LORENZ		NAME EXTENSION (JR., SR)							
MIDDLE NAME	LONEINE	CANILLAS								
25. MOTHER'S MAIDEN NAME		JANILLAU	10-11-11-11							
SURNAME		ALVARINA								
FIRST NAME		NIDA								
MIDDLE NAME		AUTOR			(Co	ntinue on sei	parate sheet if neces	reand		
III. EDUCATIONAL BACKG	ROUND	ACTOR	1-17-10 mm 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		100	nunue on sep	Jarate Sheet II Heces	Sary)		
26. LEVEL	NAME OF SCH (Write in full		BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	TTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BALANGIGA CENTRAL ELEM	MENTARY SCHOOL	N/A				N/A	2012	N/A	
SECONDARY	SOUTHERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL		N/A				N/A	2018	N/A	
VOCATIONAL / TRADE COURSE	N/A		N/A				N/A	N/A	N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY		BACHELOR OF SCIENCE IN STATISTICS					2022	N/A	
GRADUATE STUDIES	N/A		N/A		-0.0-4		N/A	N/A	N/A	
			Continue on separate sheet if neo	essary)	1000	To a line				
SIGNATURE		Modora		11.50	DA	TE		05 23 FORM 212 (Revise	ed 2017), Page 1 of 4	



IV. CIVIL SE	ERVICE ELIG	IBILITY							
			RATING (If Applicable)	DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT				LICENSE (if applicable) NUMBER Date of Validity	
N/A					-1397125-1-25	Art. D			Validity
							1 1 7 1 1 1		
				+ 1					
	XPERIENCE			ontinue on separate sheet				No. of Concession, Name of Street, or other Persons, Name of Street, or ot	15000
	ate employme	nt. Start from your recer	nt work) Descriptio	on of duties should l	oe indicated in the attach	ed Work Ex	salary/Job/Pay	t.	
	m/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
10/14/2022	4/2/2023	SCREEN	ER	PHILSYS E	ASTERN SAMAR		616.00	CONTRACTU	YES
9/1/2022	9/30/22	LIAISO	N	LEGISL	ATIVE OFFICE	3600.00	N/A	JOB ORDER	YES
7/15/2021	8/31/2021	ON THE JOB T	RAINING	PHILIPPINE STA	ATISTICS AUTHORITY	N/A	N/A	OJT	YES
						-			
			200						
					1.0				
					- HUMAN				
							1		
	F								
- 74		100			- A Marine		State		
100	1.00		TEIL		- The state of	Total Total			
			4-6-1						
	F Factor			ontinue on separate sheet	if necessari	To the second			
SIGNA	ATURE		nstoera	manuo on soparato snoot	DATE	TA	06 05	23	
1111	1	de la Tanta			Loran		C	S FORM 212 (Revised 2)	017), Page 2 of 4



VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	PEOPLE / VO	DLUNTARY O	RGANIZATIO	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) N		,U	POSITION / NATURE OF WORK	
N/A		From	То		1040		
N/A					2.00		
The same of the sa				34-14	Contra,		
- US 10							
	- 40 - 12 4				111111		
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s					
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	INCLUSIVE	THE RESERVE TO SERVE THE PARTY OF THE PARTY		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
TRANING ON BASIC STATISTICS	USING MS EXCEL	8/4/2021	8/6/2021	24.0	N/A	PHILIPPINE STATISTICAL ASSOCIATION INC.	
				1000			
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	berel as also today!					N. Phone State Communication of the Communication o	
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No. of Concession, Name of				-			
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Carlotte and the carlot		The second					
		0.000 8 93	THE			United States and Association	
THE RESERVE		Se mone s	HILAN		BUTTER		
	A STATE OF THE PARTY AND	to breid	troju d	4 7969	per letter al	Cranton San James	
VIII. OTUED INFORMATION	(Cor	ntinue on separate .	sheet if necessary)	Name of the last o		
VIII. OTHER INFORMATION	NO	I-ACADEMIC DISTIN	ACTIONS / PECOS	SNITION	The second	MEMDEDONID IN ACCORDATION OF THE STATE OF TH	
31 SPECIAL SKILLS and HOBBIES	32. NOP		e in full)		Man Allen	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
DANCING		Life.		15	1	The same and the s	
GOAL ORIENTED	Andrew Contract						
between between the						N. C. C.	
and the second second second		,	To have be			The state of the s	
The second secon	1000000		1000		3	19 19 - B	
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	l Con	ntinue on separate	and the same	1)	*	The first state of the state of	
SIGNATURE	modera		o, was at move and y	STATE OF THE PARTY NAMED IN	ATE	04/05/23	
The same of the sa						CS FORM 212 (Revised 2017), Page 3 of	

	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 appointed,	or recommending authority, or to the supervision over you in the Office,				
	a, within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Care	☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	☐ YES ☑ NO If YES, give details:				
	Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:				
	 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local 	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):				
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability?	na Carta for Disabled Persons (RA 7277); answer the following items:	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES ☑ NO If YES, please specify ID No:			
	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	Ronnie Bajado	BRGY. SAN MIGUEL, BALANGIGA, EASTERN SAMAR	9199133207			
	John Joshua Canciller	BRGY. SAN MIGUEL, BALANGIGA, EASTERN SAMAR	9057657960			
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertinival philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the	U- DOCE HU		
PL	vernment Issued ID: (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance vernment Issued ID: PhilHealth	u. h.				
ID/	License/Passport No.: 13-025623260-0	Motocoa				
Da	te/Place of Issuance:	Signature (Sign inside the b		humbmark		
	SUBSCRIBED AND SWORN to before me this	JUN X123	ting his/her validly issued government ID as ind	licated above.		
	PAGE NO. 4V BOOK NO. T SERIES OF 2022	PUBLIC ATTORNEY II 1 PURSUANT TO R. A. 9400				
	Stated by 2022	Person Administering Oa				
			CS FORM 2:	12 (Revised 2017), Page 4 of		