

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 FORM.
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	CABILING		
FIRST NAME	ANTHON MIGUEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ELORCHA		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 18, 1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	222 ANDRES BONIFACIO House/Block/Lot No. Street N/A PAULINO AVELLANA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6521
8. WEIGHT (kg)	80	18. PERMANENT ADDRESS	222 ANDRES BONIFACIO House/Block/Lot No. Street N/A PAULINO AVELLANA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	AB+	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121345953919	20. MOBILE NO.	0965-088-4751
12. PHILHEALTH NO.	132029636390	21. E-MAIL ADDRESS (if any)	CABILINGANTHONMIGUEL@GMAIL.COM
13. SSS NO.	06-4908601-6		
14. TIN NO.	654802764		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	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	CABILING			
FIRST NAME	MIGUEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	PERNITO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ELORCHA			
FIRST NAME	BABILYN			
MIDDLE NAME	OLMOGES			

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013	GRADUATE	2013	1ST HONOR
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2013	2017	GRADUATE	2017	WITH HONOR
	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	2017	2019	GRADUATE	2019	WITH HIGHEST HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	ACLC COLLEGE OF ORMOC	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2019	2020	45 UNITS	N/A	N/A
	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN STATISTICS	2020	2024	GRADUATE	2024	ESTATISTIKALAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	December 17, 2024
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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 EXAMINATION / CONFIRMENT	PLACE OF EXAMINATION / CONFIRMENT	LICENSE (If applicable)	
					NUMBER	Date of Validity
	CAREER SERVICE ELIGIBILITY		AUGUST 11, 2024	SAN JOSE, TACLOBAN CITY, LEYTE	N/A	N/A
	DRIVER'S LICENSE	N/A	DECEMBER 19, 2023	LTO BAYBAY - SATELLITE OFFICE	H12-18-003802	18/12/2033

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	December 17, 2024
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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]










(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DIGITALLY LITERATE	EXCELLENT RESEARCHER AWARDEE	N/A
GOOD AT DESIGNING	INTERNATIONAL MATHEMATICS AND STATISTICS STUDENT RESEARCH SYMPOSIUM - THESIS PRESENTATION CERTIFICATE	
INTERPERSONAL COMMUNICATION		
STATISTICAL ANALYSIS		
DATA INTERPRETATION		
ATTENTION TO DETAILS		
RESOURCEFUL		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 17, 2024
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>THEA C. GALOS</td><td>TACLOBAN CITY, LEYTE</td><td>9155373918</td></tr><tr><td>HANNA RACHELLE A. GOHIL</td><td>JAVIER, LEYTE</td><td>9169451197</td></tr><tr><td>ABEL KEINT G. TIGOL</td><td>BAYBAY CITY, LEYTE</td><td>9569878955</td></tr></table>		NAME	ADDRESS	TEL. NO.	THEA C. GALOS	TACLOBAN CITY, LEYTE	9155373918	HANNA RACHELLE A. GOHIL	JAVIER, LEYTE	9169451197	ABEL KEINT G. TIGOL	BAYBAY CITY, LEYTE	9569878955
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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.													
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SUBSCRIBED AND SWORN to before me this <u>Baybay City, Leyte</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
Doc. No.: <u>47</u> Page No.: <u>2</u> Book No.: <u>1</u> Series of 20 <u>15</u>	<table><tr><td>ATTY. KIEFER CLINT L. PETILLA PUBLIC ATTORNEY I Pursuant to R.A. 9406 Person Administering Oath</td></tr></table>	ATTY. KIEFER CLINT L. PETILLA PUBLIC ATTORNEY I Pursuant to R.A. 9406 Person Administering Oath											
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