CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misinterpretation 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) PERSONAL INFORMATION SIAO 2. SURNAME NAME EXTENSION (JR., SR) Ш CARLITO FIRST NAME MIDDLE NAME MADRIGAL 3. DATE OF BIRTH 16. CITIZENSHIP - Filipino Dual Citizenship (mm/dd/yyyy) 05/12/97 □ by birth □ by naturalization BAYBAY CITY 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Male ☐ Female 5. SEX Single 17. RESIDENTIAL ADDRESS ☐ Married 188 House/Block/Lat No. **PELICANO** 6 CIVIL STATUS ■ Widowed Separated PUROK 6 PLARIDEL Other/s: Subdivision/Village Barangay LEYTE BAYBAY CITY City/Municipality 7. HEIGHT (m) 1.68m Province ZIP CODE 8. WEIGHT (kg) 85KG 6521 PELICANO 18. PERMANENT ADDRESS 188 9. BLOOD TYPE A+ House/Block/Lot No. Street PUROK 6 PLARIDEL 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY LEYTE N/A 11. PAG-IBIG ID NO. City/Municipality **Province** 6521 ZIP CODE 12. PHILHEALTH NO. 13-250362289-4 13. SSS NO. 19. TELEPHONE NO. N/A 35-0737692-0 14. TIN NO. 508-107-430-000 20. MOBILE NO. 09206639501 siaocarlito7@gmail.com 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME SIAO NAME EXTENSION (JR., SR) JR. CARLITO FIRST NAME CHIONG MIDDLE NAME 25. MOTHER'S MAIDEN NAME MADRIGAL SURNAME RUBY FIRST NAME MIDDLE NAME LIBRES (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND

SCHOLARSHIP LEVEL PERIOD OF ATTENDANCE 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** LEVEL UNITS (Write in full) (Write in full) GRADUATED HONORS EARNED From To RECEIVED (if not 2005 PLARIDEL CENTRAL 2010 ELEMENTARY ELEMENTARY 2010 VAL. SECONDARY PLARIDEL NATIONAL SECONDARY 2014 HON. 2010 2014 VOCATIONAL / TRADE COURSE **B.S. SEC. EDUCATION** SAINT MICHAEL COL. 2019 COLLEGE 2019 N/A 2014 **GRADUATE STUDIES** (Continue on separate sheet if necessary) DATE SEPT. 16,2022 SIGNATURE

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CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER		RATING	DATE OF	DATE OF EXAMINATION / CONFERMENT O5/27/2022 TACLOBAN CITY 04/06/2018 LTO BAYBAY CITY			LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)			COST TOPICS COST COST	ERMENT	NUMBER 1927280 H12-18-001247	Date of Validity 5/2022-5/202
LICENSURE FOR PROF. TEACHER		78.40	05/27/2022						
DRIVERS LICENSE		N/A	04/06/2018			Υ			
			/Cont	inue on separate sheet if ne	and and				
	EXPERIENCE	Start from your re-	No. of Street, or other Designation of the last of the			tached V	Vark Evnoris	ance sheet	-
(mmaaa)))))		POSITION 1 (Write in full/Do not	TITLE	DEPARTMENT / AGEN	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format 100-01)/	STATUS OF	GOVT SERVICE (Y/N)
10/18/21-	12/20/21	ENUMERAT	TOR	PSA, COMMUNITY BAS	SE MONITORING SYSYTEM	462/D	INCREMENT	CONTRACT SERVI	=
									-
									-
									-
			(Cont	inue on separate sheet if n	ecessary)				
SIGNA	TURE	Cary	24-		DATE		SEPT.16,20	22	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(1112	From To					
N/A	N/A	N/A	N/A		N/A	
	off, most					
	Cont	nue on separate si	not If norseered			
LEARNING AND DEVELOPMENT (L&D) It from the most recent L&D/training program and include	INTERVENT	IONS/TRAININ	IG PROGRAM		Chief Executive/Managerial positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)	From	To		Supervisory/ Technical/etc)	(Write in full)	
BREAD AND PASTRY PRODUCTION NO II	AUG 2019	SEPT 2019	160 HRS	TECHNICAL	TECHNICAL EDUCATION AND SIGLLS DEV.	
		E DYLE -			9	
	(Conti	nue on separate sh	eet if necessary)			
. OTHER INFORMATION		A CARPELING BIOTH	OTIONS (PEOCEN	TION	MEMBERSHIP IN	
1. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				 ASSOCIATION/ORGANIZATION (Write in full) 	
STOCK TRADING		N/A			N/A	
READING						
SURFING						
COOKING						
BAKING						
CODING						
GRAPHIC DESIGN						
	(Contin	ue on separate shi		- 1	SEDT 46 2022	
SIGNATURE	494		DAT	E	SEPT. 16,2022 CS FORM 212 (Revised 2017), Page	

	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be appointed,				
	a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES			
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☑ If YES, give details:	NO		
	b. Have you been criminally charged before any court?	☐ YES ☐ NO If YES, give details: Date Filed: Status of Case/s:			
	Have you ever been convicted of any crime or violation of any regulation by any court or tribunal?		NO NO		
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end phased out (abolition) in the public or private sector?	☐ YES ☐ If YES, give details:	NO NO		
38.	Have you ever been a candidate in a national or local election (except Barangay election)?	on held within the last year	☐ YES If YES, give details:	≥ NO	
	b. Have you resigned from the government service during the the last election to promote/actively campaign for a national o	☐ YES If YES, give details:	D NO		
	Have you acquired the status of an immigrant or permanent re	☐ YES If YES, give details (c	NO country):		
	Are you a person with disability? Are you a solo parent?	If YES, please specify: YES If YES, please specify ID YES If YES, please specify ID	Ø NO		
1.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	ADDRESS	TEL. NO.		
-	KAREN. M. DONGON	BAYBAY CITY	09052608347	3 5	
-	DENNIS CASTILLANO	BAYBAY CITY	09639629701	(Ca)	
_	LESLIE ARBIOL	BAYBAY CITY	09177058444		
	I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent la Philippines. I authorize the agency head/authorized representation. I agree that any misrepresentation made in this filing of administrative/criminal case/s against me.	Personal Data Sheet which is a aws, rules and regulations of the sentative to verify/validate the	e Republic of the contents stated	SIAO, CARLITO III M.	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC LICENSE			ц		
ID/I	icense/Passport No.: 1927280	Signature (Sign inside			
Dat	e/Place of Issuance: ORMOC CITY	Date Accomplish		Right Thumbmark	
JBS	CRIBED AND SWORN to before me this	, affiant exhibiting his/her validly	issued government ID as inc	dicated above.	
		Person Administering	Oath		