CS Form No. 212 Revised 2017								
	P	ERSON	NAL DAT	A SI	HEET			
YARNING: Any misreprese gainst the person concern								
WW INCATTACHED GIR	E TO THE					g of administrati	ive/criminal cases	
Pirt legibly. Tick appropriate boxes	and use separate she	et if necessary. Indicate	N/A if not applicable. DO NO	T ABBREVIA	TE 1 CS D	FORM.	(Do not M up. For CSC use	
. PERSONAL INFORMAT. 2. Surname	ION		The State of the Labor					
	ANDRADE							
FIRST NAME	AVELINO					NAME EXTENS	SION (JR., SR)	
MIDDLE NAME	OTEROS							
 DATE OF BIRTH (mm/dd/yyyy) 	4/3/19	199	16. CITIZENSHIP		✓ Filipino	☐ Dual Citizens	44	
					E rapido		by naturalization	
4. PLACE OF BIRTH	Quezon	City	If holder of dual citize	nship,		Pls. indicate country:		
5. SEX	✓ Male	Female	please indicate the d	letails.				
6 CML STATUS	☑ Single	☐ Married	17. RESIDENTIAL ADDRESS			C	LARO M. RECTO	
	☐ Widowed ☐ Other/s:	Separated		Hou	se/Block/Lot No.	PO	Street BLACION ZONE 16	
7. HEIGHT (m)				Su	bdivision/Village BAYBAY		Barangay LEYTE	
	1.70)	la disease est	a	олтолт гу <i>лминсіран</i> ту		Province	
8. WEIGHT (kg)	56		ZIP CODE			6521		
9. BLOOD TYPE			18. PERMANENT ADDRESS	Hou	se/Block/Lot No.	С	LARO M. RECTO Street	
10. GSIS ID NO.						PO	BLACION ZONE 16	
11. PAG-IBIG ID NO.				Su	odivision/Village BAYBAY		Barangay LEYTE	
12. PHILHEALTH NO.	20 27/2020		1 2 4 1 1 1 2	Ca	ty/Municipality		Province	
	03-251386657-6		ZIP CODE					
3. SSS NO.	34-844656-8		19. TELEPHONE NO.			N/A		
14. TIN NO.	745-460-904-000		20. MOBILE NO.			09282574610	1	
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	avelandrade25@gmail.com			l.com	
I. FAMILYBACKGROUN	D					Mar The Land		
22. SPOUSE'S SURNAME				l	CHILDREN (Write full na	me and list all)	(mm/dd/yyyy)	
FIRST NAME			NAME EXTENSION (JR., SR)					
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME		ANDRADE						
FIRST NAME	LEONI	ILO	NAME EXTENSION (JR., SR)					
MIDDLE NAME		MUÑEZ		este.				
25. MOTHER'S MAIDEN NAME								
SURNAME		OTEROS						
FIRST NAME	NORMITA							
MIDDLE NAME		LEUTERIO			(Continue on	separate sheet if ne	cessary)	
III. EDUCATIONAL BACK	GROUND	100 100				NEW YORK		

FIRST NAME	NORMITA							
MIDDLE NAME	LEUTERIO		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BAC	KGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COU	KSF	PERIOD OF ATTENDANCE		YEAR GRADUATE	1	
	and the second of the second o		From	To	To (if not graduated)	D	HONORS	
ELEMENTARY	LEGARDA ELEMENTARY SCHOOL	PRIM ARY EDUCATION	6/15/2005	3/15/2011		2011		
SECONDARY	RAMON MAGSAYSAY HIGH SCHOOL	SECONDARY EDUCATION	6/15/2011	3/25/2015		2015		
VOCATIONAL / TRADE COURSE								
COLLEGE	POLYTECHNIC UNIVERSITY OF THE PHILIPPINES	Bachelor in Library and Informal Science	6/14/2015	5/8/2019		2019		
GRADUATE STUDIES						Land Control		
	(C	ontinue on separate sheet if necessary)	Almakari.		The state of the state of		· Lineary i	
SIGNATURE	a. andule		D.	DATE August 9, 2023				

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V. CIVIL S	ERVICE ELIC	BILITY							
7. CAREER	R SERVICE/ RA 1	080 (BOARD/ BAR) LINDER		DATE OF				LICENSE (If ap	plicable)
 CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE 		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
		SURE EXAMINATION 79.9 9/8/2021 MANILA			0010084	4/3/2024			
								- 11	
									-
1-1-1-1									
	en un en en			L					
			6		The state of the s				
	5 - 10, 1								
			(Cont	inue on separate shee	t if necessary)				
	EXPERIENCI		ent work) Descri	intion of duties sho	uld be indicated in the	attached W	ork Experien	ce sheet.	
8. INCL	USIVE DATES	POSITION T			NCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (#	STATUS OF	GOV'T
From	m/dd/yyyy) To	(Write in full/Do not			(Do not abbreviate)	M ONTHLY SALARY	applicable)& STEP (Format "00-0")/	APPOINTMENT	SERVICE (Y/N)
10/1/2022	7/15/2023	School Lib	rarian	Sacrad Hoort of	Jesus Catholic School	20000.00	INCREMENT	Contractual	
5/10/2022	6/10/2022	Project Based			er of the Philippines	23000.00		Contractual	
6/1/2019	8/31/2019	School Lib			eri Catholic School	18600.00		Contractual	
		SCHOOL LID		San relipe N	en catholic school	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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		en librar ar ar acan et			The December 1		197.50.95		
	-							in the second	
15 X 2						1 24	- (4-4)		
							1.17		
		7170-20-0	(Cor	ntinue on separate she	et if necessary)		test to the state of the state of		
SIGN	IATURE	a.	antrale	e e e e e e e e e e e e e e e e e e e	DATE		8/9/202		
3101	and the latest and						CSFOR	4 22 (Revised 2017)	Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29	NAME & ADDRESS OF C (Write in tu			YE DATES Syyyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A			- From	,,,				
		~				1.7		
						1000		
VIII I EADI	MINIC AND DEVELOPMENT (I		ue on separate					
VII. LEAR! (Start from th	NING AND DEVELOPMENT (L. ne most recent L&D treining program	&D) INTERVENTIONS/TRAINII and include only the relevant L&D tra	ining taken for	the last five (5) y	rears for Division	n Chief/Executive	Managerial positions)	
			NCLUSIVE	DATES OF	= 1	Type of LD	CONDUCTED/ SPONSORED BY	
30 TITLE	OF LEARNING AND DEVELOPMENT INT (Write in fu		ATTEN (mm/di		NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	(Write in full)	
			From	То		Technicas		
N/A								
						· · ·		
							14 40	
			-					
F		(Conti	nue on separate	sheet if necess	ary)			
VIII. OTH	ER INFORMATION							
31.	SPECIAL SKILLS and HOBBIES	32 NON-	ACADEMIC DISTI		OGNITION		MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION	
			32 (Write in full) N/A					
-	Photography		N/A				Philippine Librarians Association Inc.	
<u> </u>						h 2 191 .		
		(Cant	nue on separati	shoot if n	and			
	OVATUDE	a. Outra	le	arest ii necest	A SUMMAND SECTION	ATE	8/9/2023	
	SIGNATURE	N. harry					CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appointin	g or recommending authority or to the				
chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	e supervision over you in the Office,	-			
a. within the third degree?		☐ YES ☑	NO [
 b. within the fourth degree (for Local Government Unit - Ca 	reer Employees)?	☐ YES [v	NO P		
		If YES, give details:			
5. a. Have you ever been found guilty of any administrative of	ffense?	☐ YES [v	7 NO		
		If YES, give details:			
E Description of the Control of the					
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 consided of	any buy da sa	JULIS UI CUSEIS.			
6. Have you ever been convicted of any crime or violation of regulation by any court or tribunal?	any law, decree, ordinance or		☑ NO		
y and source enumer:		If YES, give details:			
Have you ever been separated from the service in any of	the following modes: resignation,	✓ YES	✓ NO		
refirement, dropped from the rolls, dismissal, termination, er	nd of term, finished contract or phased	If YES, give details:	The state of the s		
out (abolition) in the public or private sector?			Resignation		
a. Have you ever been a candidate in a national or local e	lection held within the last year (except	☐ YES	☑ NO		
Barangay election)?		If YES, give details			
b. Have you resigned from the government service during	the three (3)-month period before the	☐ YES	✓ NO		
last election to promote/actively campaign for a national or l		If YES, give details			
Have you acquired the status of an immigrant or permaner	at resident of another country?		_		
, visite yes dequired the sales of an innigrant of permaner	it resident of another country!	☐ YES ☑ NO If YES, give details (country):			
		IT YES, give details	(county).		
Durguantin (a) Indiana David A (2) 007	lana Onto 6 - 5 - 11 - 15 - 15 - 15 - 15 - 15 - 1				
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972					
Are you a member of any indigenous group?	,, p.3400 another the following helis.	Section of			
. 10 you a member orany inagenous group?		YES If YES, please specify:	✓ NO		
Are you a person with disability?		∏ YES	✓ NO		
-		If YES, please specify ID No:			
Are you a solo parent?		☐ YES	✓ NO		
		If YES, please specify			
REFERENCES (Person not related by consanguinity or affinity to	applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
And the second s	•				
Ma. Luisa R. Madlangbayan, RL	MANILA	9065656197			
Andrea Joy S. Alas	MANDALUYONG	9511554818	VA /		
Roselle A. Adajar	MANILA	9754532384			
I declare under oath that I have personally accomplished	d this Personal Data Sheet which is a	rue, correct and	who was a second		
complete statement pursuant to the provisions of pertin	ent laws, rules and regulations of the	Republic of the	AUFLINO O. ANDRADE		
Philippines. I authorize the agency head/authorized repil agree that any misrepresentation made in this do	resentative to verity/validate the conten	is stated herein.	DIOTO		
agree that any misrepresentation made in this do administrative/criminal case/s against me.	Cumont and its awarding its shall cal	use are ming of	PHOTO		
Garring dur of Mariana Casars ayamat me.					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's					
License, etc.) PLEASE INDICATE ID Number	22.1				
Government Issued D: Philippine Passport	a. andurde				
ID/License/Passport No. P8633564B	Signature (Sign inside the	e box)	A A A A		
Date/Place of Issuance: DFA TACLOBAN/ 1/4/2022	Date Accomplished		Right Thumbmark		
			and the state of t		
SUBSCRIBED AND SWORN to before me this	, affiant o	exhibiting his/her validly iss	sued government ID as indicated above.		
		4			
	Person Administering O	ath			

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