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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes ( 🗌 and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME BALONDO IAME EXTENSION (JR., SR) FIRST NAME ERN OLIVER MIDDLE NAME CARREON 3 DATE OF BIRTH 10/02/1994 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/vvvv) 4. PLACE OF BIRTH NAVAL GEN. HOSPITAL, NAVAL, BILIRAN If holder of dual citizenship, Pls. indicate country: please indicate the details ☐ Female 5 SEX ✓ Male ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed Separated GARAS ☐ Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.7 tv/Municipali ZIP CODE 8. WEIGHT (kg) 75 6521 18. PERMANENT ADDRESS 9. BLOOD TYPE A+ House/Block/Lot No. Street TALUSTUSAN 10. GSIS ID NO. 2005554748 Subdivision/Village Barangay NAVAI BILIRAN 11. PAG-IBIG ID NO. 121252377210 City/Municipality Province 12. PHILHEALTH NO. 13-251818362-5 ZIP CODE 6560 13. SSS NO. N/A 19. TELEPHONE NO. 14. TIN NO. 357-428-424 20. MOBILE NO. 09203111980 15 AGENCY EMPLOYEE NO V01139 21. E-MAIL ADDRESS (if any) balondoern@gmail.com / ernoliver.balondo@vsu.edu.ph 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) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME N/A N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO N/A 24. FATHER'S SURNAME BALONDO NAME EXTENSION (JR., SR) FIRST NAME ERNESTO MIDDLE NAME SABITSANA 25. MOTHER'S MAIDEN NAME EDITA S. CARREON BALONDO SURNAME EDITA FIRST NAME MIDDLE NAME CARREON (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ HIGHEST LEVEL PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED GRADUATED (Write in full) (Write in full) HONORS (if not graduated) RECEIVED From То CLASS PRIMARY EDUCATION ELEMENTARY MASAGONGSONG ELEMENTARY SCHOOL 2007 2002 2007 VALEDICTORIA NAVAL STATE UNIVERSITY-LABORATORY HIGH SECONDARY HIGH SCHOOL 2007 2011 2011 N/A SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE DOCTOR OF VETRINARY MEDICINE, BACHELOR VISAYAS STATE UNIVERSITY COLLEGE 2011 2016 2016 N/A OF SCIENCE IN BIOLOGY DOST-UNIVERSITY OF THE PHILIPPINES- LOS BANOS MASTER OF SCIENCE IN BOTANY GRADUATE STUDIES 2016 **PRESENT** 35 units ASTHRDP

SIGNATURE

SIGNATURE

DATE

July 14, 2025

CS FORM 212 (Revised 2017), Page 1 of 4

	ERVICE ELIG	IBILITY								
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)  Date of		
BAF	RANGAY ELIGIBIL	ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT			NUMBER	Validity		
	N/A	4	N/A	N/A	N/A			N/A	N/A	
V WORK F	VALBIENOE			Continue on separate she	eet if necessary)					
	XPERIENCE ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Experienc	e sheet.			
28. INCLU	JSIVE DATES	POSITION TI			ENCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if applicable)&	STATUS OF	GOVT	
From	m/dd/yyyy) To	(Write in full/Do not			I/Do not abbreviate) STEP (Form		STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)	
Aug-21	Jul-25	INSTRUCTO	OR I	Department of Bi	ological Sciences- VSU	P26,052.00	SG 12- STEP I	Temporary	Y	
Apr-21	Jul-21	SUBSTITUTE INS	TRUCTOR	Department of Bi	ological Sciences- VSU	P26,052.00	SG 12	Temporary	Υ	
Oct-20	Feb-21	PART-TIME INST	RUCTOR	Department of Bi	ological Sciences- VSU	P156.00/hr		Job Order	Υ	
Jan-20	Oct-20	LABORATOR	/ AIDE	Department of Bi	ological Sciences- VSU	P8200.00/month		Job Order	Υ	
Aug-19	Dec-19	PART-TIME INST	RUCTOR	Department of Bi	ological Sciences- VSU	P156.00/hr		Job Order	Υ	
Jan. 2019	Jul-19	SUBSTITUTE INS	TRUCTOR	Department of Biological Sciences- VSU		P22,149.00	SG 12	Temporary	Υ	
				0	4.15					
SIGNATURE Estalando				(Continue on separate sheet if necessary)  DATE  July 14, 2025  CS FORM				1 212 (Revised 2017), Page 2 of 4		
SIGNA	TONL	Cao	We soon	DATE	July 14, 202	<del></del>	30 / ONW 21	- (11011300 2011), F	-30 2 01 4	

VI. VOLUNTARY WORK OR IN	VOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	RGANIZATIO	N/S		
29. NAME & ADDRESS OF O (Write in full			INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		N / NATURE OF WORK
	(write in full)		From	То				
	N/A		N/A	N/A	N/A			N/A
		(Cont	tinue on separate s	heet if necessary)				
VII. LEARNING AND DEVELOR								
(Start from the most recent L&D/training p	orogram and includ	e only the relevant L&D/training taken for t		rs for Division Chi  DATES OF	ef/Executive/Mana	gerial positions)  Type of LD		
30. TITLE OF LEARNING AND DE	EVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/		CONDUCTED/ SPONSORED BY (Write in full)
				From To		Technical/etc)		
	N/A		N/A	N/A	N/A	N/A		N/A
		(Cont	tinue on separate s	heet if necessary)				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HO	OBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33.					33. MEM	BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Plant Collection and Herbarium Preparation N/A							Visayas	State University Alumni Association
Microscopical Examination and Hist Processing						International Association of Bryologist		
Plant Identification						Biology T	eachers Association of the Philippines	
SIGNATURE		(Cont Estalanda	inue on separate s			July 14, 2025		CS EODM 242 /Davided 2047). David 2
SIGNATURE		Cm micon		DATE		July 17, 2023		CS FORM 212 (Revised 2017), Page 3 of 4

34.	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 apppointed, a. within the third degree?	☐ YES	☑ NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES If YES, give det	☑ NO tails:				
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:					
	Have you ever been convicted of any crime or violation of an any court or tribunal?	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, find the public or private sector?	nished contract or phased out (abolition)	, ☑ YES ☐ NO If YES, give details: END OF CONTRACT				
38.	a. 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 or	☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please						
a.	Are you a member of any indigenous group?	answer the following items.	☐ YES ☑ NO				
b.	Are you a person with disability?	If YES, please specify:  ☐ YES ☑ NO  If YES, please specify ID 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 applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.	ASC CONTRACTOR OF THE PARTY OF			
WIN	CEL M. NUNEZ	Protected Area Management Office, Burauen, Leyte					
RAF	FAEL JUNNAR P. DUMALAN	Department of Biological Sciences, VSU- Baybay City, Leyte					
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, rules the agency head / authorized representative to verify, misrepresentation made in this document and its attachmagainst me.	and regulations of the Republic of the Phil /validate the contents stated herein. I	ippines. I authorize agree that any	ERN OLIVER C. BALONDO			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: VOTER'S ID			•				
ID/License/Passport No.: 7808-0125A-J0294ECB10000 Signature (Sign inside the both			x)	46			
Da	ate/Place of Issuance: NAVAL, BILIRAN		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this		ng his/her validly issu	ued government ID as indicated above.			
		Person Administering Oath		]			