CS Form No. 212 Revised 2017	PERSON	NAL DATA	A SH	EET				
NARNING: Any misrepresentation	ion made in the Personal Data Sheet and the Wo	ork Experience Sheet shall c	ause the filing	g of administra	ative/crimina	al case/s against t	he persor	n concerned.
	TO FILLING OUT THE PERSONAL DATA SHEET () and use separate sheet if necessary. Indicate N	, ,			1. CS ID No.	(D	o not fill up. F	or CSC use only)
. PERSONAL INFORMATION		По посмерность						
2. SURNAME	DONATO							
FIRST NAME	ROMA FRYLE	-	NAME EXTENSION (JR., SR) N/A					
MIDDLE NAME	OCHEA							
3. DATE OF BIRTH	08/26/1993	16. CITIZENSHIP				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
(mm/dd/yyyy)	00/20/1000	IU. OTTIZENOTII		✓ Filipino	Ц	Dual Citizenship Dual Citizenship	☐by natu	ralization
4. PLACE OF BIRTH	IMELDA MATAG-OB LEYTE	If holder of dual citizen	ıship,	Pls. indicate coul				dizaco
5. SEX	☐ Male	please indicate the def	tails.	Philippines				•
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		N/A			N/A	
	☐ Widowed ☐ Separated ☐ Other/s:		Но	nuse/Block/Lot No. N/A		<u> </u>	Street MELDA	
				ubdivision/Village MATAG-OB			Barangay LEYTE	
7. HEIGHT (m)	1.47			City/Municipality			Province	
8. WEIGHT (kg)	58		6532					
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	N/A House/Block/Lot No.			N/A Street		
10. GSIS ID NO.	N/A			N/A		IMELDA Parangay		
11. PAG-IBIG ID NO.	121114409602	1	Subdivision/Village MATAG-OB				Barangay LEYTE	
12. PHILHEALTH NO.	13-025158218-2	ZIP CODE	City/Municipali		sipality		Province	
13. SSS NO.	06-3490674-5		N/A					
4. TIN NO.	318-977-481-000		0963-050-2156					
		21. E-MAIL ADDRESS (if any)	gabriellaellise@gmail.com					
I. FAMILY BACKGROUND			gacin					
2. SPOUSE'S SURNAME	N/A	1	23 NAME of CHII	I DRFN (Write ful	I name and list a	all\		OF BIRTH
		NAME EXTENSION (JR., SR) N/A	23. NAME of CHILDREN (Write full name and list all) N/A				n/dd/yyyy) N/A	
FIRST NAME MIDDLE NAME	N/A	INAME EXILITION (Star Co.)	, whi				N/A	
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	DONATO							
FIRST NAME	ROEL	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	ENGUITO							
25. MOTHER'S MAIDEN NAME								
SURNAME	OCHEA							
FIRST NAME	MERLITA							
MIDDLE NAME	OMEGA			(Cont	inue on separa	te sheet if necessary)	
III. EDUCATIONAL BACKGR	ROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE	E/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUA	SCHOLARSHIP/ ACADEMIC
CEYEC	(Write in full)	(Write in full)		From	То	(if not graduated)	TED	HONORS RECEIVED
ELEMENTARY	STO.ROSARIO ELEMENTARY SCHOOL	PRIMARY EDUCA	TION	1998	2004	N/A	2004	N/A
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	HIGH SCHOOL	L	2004	2008	N/A	2008	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIE AGRICULTURI		2009	2013	N/A	2013	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN AGRONO		2020	2020	6	N/A	N/A
SIGNATURE	(Contin	nue on separate sheet if ned	essary)	DA	TE	Janu	ary 3, 20	23

IV. CIVIL SE	ERVICE ELIG	IBILITY							
	ER SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
BAF		NS/ CES/ CSEE TY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	ERMENT		NUMBER	Date of Validity	
LICENSURE	EXAMINATIO	N FOR AGRICULTURE	80.67%	NOVEMBER 22-24, 2022	TACLOE	SAN CITY		-	-
	XPERIENCE ate employmer	nt. Start from your recent		ntinue on separate sheet of duties should be		d Work Exp	erience sheet		
28. INCLU	SIVE DATES					MONTHLY	SALARY/ JOB/ PAY GRADE (if		GOV'T
(mr From	n/dd/yyyy) To	POSITION TI (Write in full/Do not a			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
	10			PHILIPPINE ROOT	CROPS RESEARCH AND		Jnemen		
08/15/2020	01/15/2022	SCIENCE RESEARCH	I ASSISTANT	TRAINING CENT UNI	22,798.00		JOB ORDER	Υ	
03/17/2014	07/01/2020	ACCOUNT OF	FICER		ICULTURE AND RURAL ENT (CARD)INC.,	18,400.00	N/A	REGULAR	N
	-			ntinue on separate sheet					
SIGNA	IUKE	Prd-			DATE		January 3, 2	023 CS FORM 212 (Revised 2	(017) Page 2 of 4

L VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S								
29. NAME & ADDRESS OF ORGANIZATION	(Write in full)	INCLUSIVE (mm/dd From	DATES /yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
	N/A							
VII. LEARNING AND DEVELOPMENT (L&D))	INTERVENTIONS/TRAINING PROGRAMS ATTEN	(Contin	nue on separate she	et if necessary)				
		INCLUSIVE DATES (
 TITLE OF LEARNING AND DEVELOPMENT INTERVEI 	NTIONS/TRAINING PROGRAMS (Write in full)	(mm/dd	/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
		From	То					
INDUSTRY AND PRODUCER-DRIVEN SWEETP		10/04/2022	10/04/2022	4	TECHNICAL	PHILIPPINE ROOTCROPS RESEARCH AND TRAINING CENTER		
PAST EXPERIENCE, CURRENT TRENDS AND F						NORTHER PHILIPPINE ROOTCROPS RESEARCH AND TRAINING CENTER-BENGUET		
TECHNOLOGY FORUM OF PURPLE YAM (Dioso PRODUCTION THROUGH AEROPONICS	correa alata Linn.) QUALITY PLANT MATERIAL	11/19/2021	11/19/2021	4	TECHNICAL	STATE UNIVERSITY		
WEBINAR ON ROOT SYSTEM ARCHITECTURE		06/25/2021	06/25/2021	4	TECHNICAL	PHILIPPINE ROOTCROPS RESEARCH AND TRAINING CENTER		
AND ROOT TUBER CROP PRODUCTIVIT NOVE	L INSIGHTS FROM THE SWEETPOTATO							
VIII. OTHER INFORMATION		(Conti	nue on separate she	et if necessary)				
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION				(Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION		
READING BOOKS AND NEWSPAPER		N/A			,	33. (Write in full)		
SIGNATURE	Pr.A.	(Conti	nue on separate she	et if necessary)	DATE	January 3, 2023		
5.5.5.10NL	1-6-1-							

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 appointed,						
a. within the third degree?		☐ YES	☑ NO			
b. within the fourth degree (for Local Government Unit - Care	eer Employees\2	☐ YES				
b. Within the locality degree (for Local Government only - Care	ser Employees):	If YES, give deta	□ NO			
		II 123, give deta				
35. a. Have you ever been found guilty of any administrative offer	ense?	☐ YES	✓ NO			
, , , , , , , , , , , , , , , , , , , ,		If YES, give deta				
		11 1 20, givo dota				
			_			
b. Have you been criminally charged before any court?		YES	☑ NO			
		If YES, give deta Date Filed:				
		Status of Case/s:				
36. Have you ever been convicted of any crime or violation of an	ny law decree ordinance or regulation by					
any court or tribunal?	,, i.a.i., aooiso, eramaneo en regalación 2,	☐ YES ☑ NO If YES, give details:				
	ii 120, give details.					
27 House you give been concreted from the contine in any of the	following modes: resignation, retirement		_			
 Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi 	☑ YES ☐ NO If YES, give details:					
in the public or private sector?	Resignation; Looking for a better opportunity					
38. a. Have you ever been a candidate in a national or local elec	ction held within the last year (except					
Barangay election)?	,	☐ YES ☑ NO If YES, give details:				
 b. Have you resigned from the government service during th 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	resident of another country?	YES NO				
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag						
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?		☐ YES ☑ NO				
b. Are you a person with disability?		If YES, please specify: ☐ YES ☑ NO				
,		If YES, please speci				
c. Are you a solo parent?		☐ YES	✓ NO			
		If YES, please speci	fy ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)					
NAME	ADDRESS	TEL. NO.				
JOVANNE P. JANUHAN	DA-RFO 7	9506943964				
GELECA I. MARANAN	VSU, BAYBAY CITY, LEYTE	946417320				
GELECA I. MARANAN	VSU, BAYBAY CITY, LEYTE	946417320				
42. I declare under oath that I have personally accomplished	I this Personal Data Sheet which is a to	rue, correct and	Ped			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting	I this Personal Data Sheet which is a trent laws, rules and regulations of the	rue, correct and Republic of the	ROMA FRYLE O. DONATO			
I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represervant.	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the d herein.	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the d herein.	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the d herein.	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the d herein.	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the d herein.	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents state	rue, correct and Republic of the d herein.	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents statement and its attachments shall caused Signature (Sign inside the book of the statement and its attachments.)	rue, correct and Republic of the d herein. I e the filing of	ROMA FRYLE O. DONATO PHOTO			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents statement and its attachments shall cause	rue, correct and Republic of the d herein. I e the filing of	Right Thumbmark			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-025158218-2	I this Personal Data Sheet which is a trent laws, rules and regulations of the ntative to verify/validate the contents statement and its attachments shall cause Signature (Sign inside the band JANUARY 03. 2023	rue, correct and Republic of the d herein. I e the filing of				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-025158218-2	I this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents statement and its attachments shall cause Signature (Sign inside the background January 03, 2023 Date Accomplished	rue, correct and Republic of the ed herein. I be the filing of				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-025158218-2 Date/Place of Issuance: ORMOC CITY	I this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents statement and its attachments shall cause Signature (Sign inside the background January 03, 2023 Date Accomplished	rue, correct and Republic of the ed herein. I be the filing of	Right Thumbmark			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-025158218-2 Date/Place of Issuance: ORMOC CITY	I this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents statement and its attachments shall cause Signature (Sign inside the background January 03, 2023 Date Accomplished	rue, correct and Republic of the ed herein. I be the filing of	Right Thumbmark			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-025158218-2 Date/Place of Issuance: ORMOC CITY	I this Personal Data Sheet which is a trent laws, rules and regulations of the intative to verify/validate the contents statement and its attachments shall cause Signature (Sign inside the background January 03, 2023 Date Accomplished	rue, correct and Republic of the ed herein. I be the filing of	Right Thumbmark			