CS Form No. 212 Revised 2017	PERSO	NAL DATA	SH	EET	Γ				
	tion made in the Personal Data Sheet and the	Work Experience Sheet shall c	ause the fili	ing of admi	nistrative/c	riminal case/s ag	ainst the pers	son	
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHE				1. CS ID No.		(Do not fill up. F	For CSC use only	
I. PERSONAL INFORMATIO  2. SURNAME	LUZON								
FIRST NAME	PAUL JAMES					NAME EXTENSION (JF	R., SR)		
MIDDLE NAME	GARCIA								
3. DATE OF BIRTH									
(mm/dd/yyyy)	29/12/1991	16. CITIZENSHIP		☑ Filipin	0 🗆	Dual Citizenship			
4. PLACE OF BIRTH	CONALUM INOPACAN, LEYTE	If holder of dual citizenship	□ by birth □ by naturalization Pls. indicate country:				ation		
5. SEX	☑ Male ☐ Female	please indicate the details	S.					•	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	N/A				N/A		
V GIVIE GIATOG	☐ Widowed ☐ Separated		Hous	e/Block/Lot No N/A		Street CONALUM			
	☐ Other/s:			division/Village		Barangay			
7. HEIGHT (m)	1.5 m			NOPACAN y/Municipality			LEYTE Province		
8. WEIGHT (kg)	75 kg	ZIP CODE				6522			
9. BLOOD TYPE	А	18. PERMANENT ADDRESS	Hous	N/A se/Block/Lot No	ı.		N/A Street		
10. GSIS ID NO.	2004380379		N/A Subdivision/Village		CONALUM Barangay				
11. PAG-IBIG ID NO.	N/A		INOPACAN City/Municipality			LEYTE  Province			
12. PHILHEALTH NO.	13-000113004-9	ZIP CODE	6522			6522			
13. SSS NO.	N/A	19. TELEPHONE NO.	0535650301						
14. TIN NO.	438-419-519	20. MOBILE NO.	+639611414723						
15. AGENCY EMPLOYEE NO.	4655423	21. E-MAIL ADDRESS (if any)	pauljames.luzon@deped.gov.ph				<u>/.ph</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		NAME of CHIL			list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	ENSION (JR., SR) 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	LUZON								
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	PAGUIPO	!							
25. MOTHER'S MAIDEN NAME									
SURNAME									
	GARCIA								
FIRST NAME	GARCIA LILIA							ssary)	
				(Co	ntinue on se	parate sheet if neces	sary)		
FIRST NAME	LILIA LIBRES			(Cc	ntinue on se	parate sheet if neces	sary)		
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG  26.	LILIA LIBRES ROUND	BASIC EDUCATION/DEGREE/C	COURSE	(Co		HIGHEST LEVEL/		SCHOLARSHIP/ ACADEMIC	
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG	LILIA LIBRES	BASIC EDUCATION/DEGREE/C (Write in full)	COURSE				YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG  26.	LILIA LIBRES ROUND NAME OF SCHOOL		COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	ACADEMIC HONORS RECEIVED	
FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL	LILIA LIBRES  ROUND  NAME OF SCHOOL (Write in full)	(Write in full)	COURSE	PERIOD OF A	TTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY	LILIA LIBRES  ROUND  NAME OF SCHOOL (Write in full)  CONALUM ELEMENTARY SCHOOL	(Write in full)  ELEMENTARY	COURSE	PERIOD OF A From 06/01/1998	TTENDANCE To 30/03/2004	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED	YEAR GRADUATED 2004	ACADEMIC HONORS RECEIVED	
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL /	LILIA LIBRES  ROUND  NAME OF SCHOOL (Write in full)  CONALUM ELEMENTARY SCHOOL  CONALUM NATIONAL HIGH SCHOOL	(Write in full)  ELEMENTARY  HIGH SCHOOL  N/A  BACHELOR IN SECONDARY EDUCA		PERIOD OF A From 06/01/1998 01/06/2004	TTENDANCE  To  30/03/2004  30/03/2008	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED	YEAR GRADUATED 2004 2008	ACADEMIC HONORS RECEIVED  WITH HONORS  SALUTATORIAN  N/A  ACADEMIC	
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE	LILIA LIBRES  ROUND  NAME OF SCHOOL (Write in full)  CONALUM ELEMENTARY SCHOOL  CONALUM NATIONAL HIGH SCHOOL  N/A  SAINT MICHAEL COLLEGE  FRANCISCAN COLLEGE OF THE IMMACULATE	(Write in full)  ELEMENTARY  HIGH SCHOOL  N/A  BACHELOR IN SECONDARY EDUCA IN ENGLISH  MASTER OF ARTS IN EDUCATION	TION MAJOR	PERIOD OF A From 06/01/1998 01/06/2004 N/A	TTENDANCE To 30/03/2004 30/03/2008 N/A	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  GRADUATED  GRADUATED  N/A	YEAR GRADUATED 2004 2008 N/A	ACADEMIC HONORS RECEIVED WITH HONORS SALUTATORIAN N/A	
FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE  COLLEGE	LILIA LIBRES  ROUND  NAME OF SCHOOL (Write in full)  CONALUM ELEMENTARY SCHOOL  CONALUM NATIONAL HIGH SCHOOL  N/A  SAINT MICHAEL COLLEGE  FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	(Write in full)  ELEMENTARY  HIGH SCHOOL  N/A  BACHELOR IN SECONDARY EDUCA IN ENGLISH	ITION MAJOR	PERIOD OF A From 06/01/1998 01/06/2004 N/A 01/06/2008	TTENDANCE  To  30/03/2004  30/03/2008  N/A  30/03/2012	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  GRADUATED  GRADUATED  N/A  GRADUATED	YEAR GRADUATED  2004  2008  N/A  2012	ACADEMIC HONORS RECEIVED  WITH HONORS  SALUTATORIAN  N/A  ACADEMIC SCHOLAR	

IV. CIVIL SE	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT				NUMBER	Date of Validity
LICENSURE EXAMINATION FOR TEACHERS (LET)			78.80	01/09/2013 TACLOBAN CITY				1179101	12/29/2024
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE	nt Start from your recer	nt work) Description	on of duties should	be indicated in the attach	ed Work Ev	narianca sha	af.	
28. INCLU	ISIVE DATES						SALARY/ JOB/ PAY		GOV'T
(mr	(mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)				ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/ N)
From	То			DEDARTMENT OF ET	ICATION DAVBAYOUTION		INCREMENT	DEC	(./11)
01-01-22	PRESENT	MASTER TEAC	HER II	HIG	JCATION - BAYBAY NATIONAL SH SCHOOL	45,203.00	STEP 1	REGULAR PERMANENT	YES
01-01-21	12-31-21	MASTER TEAC	CHERI	HIG	JCATION - BAYBAY NATIONAL SH SCHOOL	43,681.00	STEP 1	REGULAR PERMANENT	YES
01-01-20	12-31-20	MASTER TEAC	CHER I	HIG	JCATION - BAYBAY NATIONAL SH SCHOOL	42,159.00	STEP 1	REGULAR PERMANENT	YES
09-23-19	12-31-19	MASTER TEAC	CHERI	HIG	JCATION - BAYBAY NATIONAL SH SCHOOL JCATION - BAYBAY NATIONAL	40,637.00	STEP 1	REGULAR PERMANENT	YES
01-01-19	09-22-19	TEACHER		HIG	SH SCHOOL  JCATION - BAYBAY NATIONAL	25,232.00	STEP 1	REGULAR PERMANENT REGULAR	YES
01-15-18	12-31-18	TEACHER	III	HIG	SH SCHOOL  JCATION - BAYBAY NATIONAL	24,224.00	STEP 1	PERMANENT	YES
01-01-18	01-14-18	TEACHER	RI	HIG	SH SCHOOL  JCATION - BAYBAY NATIONAL	20,437.00	STEP 1	REGULAR PERMANENT	YES
01-01-07	12-31-17	TEACHER	RI	HIG	SH SCHOOL  JCATION - BAYBAY NATIONAL	19,853.00	STEP 2	REGULAR PERMANENT REGULAR	YES
05-21-16	12-31-16	TEACHER		HIG	SH SCHOOL  JCATION - BAYBAY NATIONAL	19,286.00	STEP 1	PERMANENT REGULAR	YES
01-01-16	05-20-16	TEACHER		HIG	SH SCHOOL  JCATION - BAYBAY NATIONAL	19,077.00	STEP 1	PERMANENT REGULAR	YES
05-21-13	12-31-15	TEACHER	RI 		SH SCHOOL	18,549.00	STEP 1	PERMANENT	YES
			(Cor	ntinue on separate sheet	if necessary)				
SIGNA	TURE				DATE				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	T / PEOPLE / Y	VOLUNTARY	ORGANIZATI	ON/S		
29. NAME & ADDRESS OF OI (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
SCHOL PAPER AADVISER'S A	SSOCIATION	05/21/2013	PRESENT	-		SCHOOL PAPER ADVISER	
		tinue on separate		)			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)				ief/Executive/Mana	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	INCLUSIVE ATTEN (mm/d	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
TRAINING WORKSHOP ON LITERACY AND NUMERACY SKIL	LS	From 12/14/2021	To 12/16/2021	30 HOURS	TECHNICAL	DEPED - BAYBAY NATIONAL HIGH SCHOOL	
TEACHING GRAMMAR COMMUNICATIVELY IN THE PHILIPPI	NES	08/3/201	09/07/2021	30 HOURS	TECHNICAL	US EMBASSY	
REGIONAL TRAINING FOR CRITICAL CONTENT IN ENGLISH		07/07/2018	16/07/2018	120 HOURS	TECHNICAL	DEPED - REGION VIII	
REGIONAL MASS TRAINING ON SPECIAL EDUCATION		30/04/2018	04/05/2018	60 HOURS	TECHNICAL	DEPED - REGION VIII	
MEDIA FESTIVAL: MEDIA EDUCATION FOR SHAPING A RES	PONSIBLE GENERATION	04/08/2016	06/08/2016	24 HOURS	TECHNICAL	COMMUNICATION ARTS TRAINING CENTER	
REGIONAL ENHANCEMENT TRAINING OF DIVISION MENTO	RS FOR CAMPUS JOURNALISM	07/06/2016	10/06/2016	32 HOURS	TECHNICAL	DEPED - REGION VIII	
IN-SERVICE TRAINING WORKSHOP ON DIFFERENTIATED STRATEGIES FOR INSTRUCTION			30/10/2015	24 HOURS	TECHNICAL	DEPED - BAYBAY NATIONAL HIGH SCHOOL	
3-DAY LIVE OUT DIVISION TRAINING OF SCHOOL PAPER ADVISERS AND STUDENT JOURNALISTS FOR CAMPUS JOURNALISM			29/08/2015	24 HOURS	TECHNICAL	DEPED- BAYBAY CITY DIVISION	
I ON ONNII OO IOONNALIONI							
(Continue on separate sheet if necessary)  VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
JOURNALISM	OUTSTANDING ENGLISH TEACHER 2015 (BAYBAY CITY DIVISION)  VICE-PREIDENT, DIVISION SCHOOL PAPER ADVIS ASSOCIATION (DSPAA)						
	OUTSTANDING SCHOOL PAPER ADVISER	Account (Barry)					
	(Con	tinue on separate	sheet if necessary			T	
SIGNATURE				DA	ATE		

	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?  b. within the fourth degree (for Local Government Unit - Card	☐ YES ☑ NO ☐ YES ☐ NO If YES, give details: ☐ 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 arby any court or tribunal?	☐ YES ☐ If YES, give details:	☑ NO			
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		☐ YES ☐ If YES, give details:	☑ NO		
38.	a. Have you ever been a candidate in a national or local electron barangay election)?      b. Have you resigned from the government service during the classic to property/edit/oll/comparing for a national or local.	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO				
39.	election to promote/actively campaign for a national or local  Have you acquired the status of an immigrant or permanent	If YES, give details:  ☐ YES ☐ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /					
	NAME	ADDRESS	TEL. NO.			
	JULIETA T. DENDEN	BAYBAY CITY, LEYTE	9952766566			
	MARIAM G. ARANAS	BAYBAY CITY, LEYTE	9679369220			
	RAQUEL P. EAMIGUEL	BAYBAY CITY, LEYTE	9186170665			
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 repret agree that any misrepresentation made in this docuadministrative/criminal case/s against me.	ent laws, rules and regulations of the fesentative to verify/validate the contents	Republic of the stated herein.	PAUL JAMES & LUZON PHOTO		
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
	DVERNMENT LEASE INDICATE ID Number and Date of Issuance  DVERNMENT LICENSE					
ID	/License/Passport No.: 1179101	Signature (Sign inside the bo	ox)			
Da	ate/Place of Issuance: TACLOBAN CITY	,	Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued go	overnment ID as indicated above.		
		h				
		Person Administering Oat		CS FORM 212 (Revised 2017), Page 4 of 4		