CS FORM 212 (Revised 2005)

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with ✓ and use separate sheet if necessary.

1. CS ID No. (to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	DE VEYRA		
FIRST NAME	CHRISLARDE		
MIDDLE NAME	TERO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	04 / 25 / 1998	16. RESIDENTIAL ADDRESS	POBLACION ZONE 1, BAYBAY CITY, LEYTE
5. PLACE OF BIRTH	BAYBAY CITY, LEYTE		
6. SEX	☐ Male ☑ Female		
7. CIVIL STATUS	☑ Single ☐ Widowed ☐ Married ☐ Separated ☐ Annulled ☐ Others, specify	ZIP CODE	6521
		17. TELEPHONE NO.	
		18. PERMANENT ADDRESS	POBLACION ZONE 1, BAYBAY CITY, LEYTE
8. CITIZENSHIP	FILIPINO	ZIP CODE	6521
9. HEIGHT (m)	1.626	19. TELEPHONE NO.	
10. WEIGHT (kg)	60	20. E-MAIL ADDRESS (if any)	Chrislardeveyra25@gmail.com
11. BLOOD TYPE	B+	21. CELLPHONE NO. (if any)	9554929177
12. GSIS ID NO.		22. AGENCY EMPLOYEE NO.	
13. PAG-IBIG ID NO.		23. TIN	749951050000
14. PHILHEALTH NO.			
15. SSS NO.			

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		CHRISTOFF HEMP D. CAMPOSANO	01 / 27 / 2017
MIDDLE NAME		CHRISLANY OLLIE D. CAMPOSANO	09 / 16 / 2021
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
(Continue on separate sheet if necessary)			/ /
26. FATHER'S SURNAME	DE VEYRA		/ /
FIRST NAME	CHRISTOPHER		/ /
MIDDLE NAME	VILLACORTE		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	DE VEYRA		/ /
FIRST NAME	HILARIA		/ /
MIDDLE NAME	TERO	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE From	To	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	BAYBAY I CENTRAL SCHOOL		2010	GRADE VI			
SECONDARY	FCIC		2014	FOURTH YEAR			
VOCATIONAL / TRADE COURSE	HOUSEKEEPING NCII		2019				
COLLEGE	FCIC		2019	FOURTH YEAR			
GRADUATE STUDIES	MASTERS OF ARTS IN EDUCATION		2022	COMPRE			

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable) NUMBER	DATE OF RELEASE
LET	76.40	03/27/2022	TACLOBAN CITY, LEYTE	071677	04/29/2022

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES			SALARY GRADE		GOVT

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy) From	To	POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
08 / 01 /19	11 / 09 /21	TESDA/DEPED LIAISON	ATI	$9,450.00			
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(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
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(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32 TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
UPDATING RESEARCH SKILLS FOR FCIC	10 / 02 /19	/ /	5HRS	EDWARD JAY M. QUINTO, Ph.D.
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE		
MULTI-TASKING		
CAN WORK UNDER PRESSURE		
TIME-BOUNDED IN TIMES OF WORK		

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?	☐ YES ☑ NO If YES, give details:
b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	☐ YES ☑ NO If YES, give details:
37. a. Have you ever been formally charged?	☐ YES ☑ NO If YES, give details:
b. Have you ever been guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☐ NO If YES, give details:
39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?	☐ YES ☑ NO If YES, give details:
40. Have you ever been a candidate in a national or local election (except Barangay election)?	☐ YES ☑ NO If YES, give details:
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 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 If YES, please specify:
b. Are you differently abled?	☐ YES ☑ NO If YES, please specify:
c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.

41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

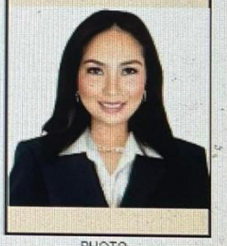
a. Are you a member of any indigenous group? ☐ YES ☑ NO
If YES, please specify: _____

b. Are you differently abled? ☐ YES ☑ NO
If YES, please specify: _____

c. Are you a solo parent? ☐ YES ☑ NO
If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
DR. AVELINA V. OCLINARIA	POBLACION ZONE 17	9202757626



PHOTO

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO.	Signature	Image
ISSUED AT	SIGNATURE (Sign inside the box)	RIGHT THUMBMARK
ISSUED ON (mm/dd/yyyy)	DATE ACCOMPLISHED	