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 concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes (
) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) PERSONAL INFORMATION BALORE 2. SURNAME NAME EXTENSION (JR., SR) JR JULIBERT FIRST NAME MIDDLE NAME NOYNOYAN 3. DATE OF BIRTH 16. CITIZENSHIP 9/14/1998 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization SILAE, MALAYBALAY CITY BUKIDNON 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details Female 5. SEX ✓ Male 2677 GLADIOLA ST ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Street ■ Widowed Separated GOODWILL SUBD. TAMBO Other/s: Subdivision/Village Barangay PARANAQUE CITY NCR 1.6256 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 68 ZIP CODE 1301 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. Street SILAE 10. GSIS ID NO. Subdivision/Village Barangay MALAYBALAY CITY BUKIDNON 11. PAG-IBIG ID NO. 1212 7023 1856 City/Municipality Province 12. PHILHEALTH NO. 15-250216466-4 ZIP CODE 8700 34-9367489-1 13. SSS NO 19. TELEPHONE NO. 14 TIN NO 09158232421 500-642-632 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) inbalore@up.edu.ph **FAMILY BACKGROUND** DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME **BALORE** NAME EXTENSION (JR., SR) JR JULIBERT FIRST NAME MIDDLE NAME **GUDMALIN** 25. MOTHER'S MAIDEN NAME CONEJO **BALORE** SURNAME **JEANETTE** FIRST NAME MIDDLE NAME NOYNOYAN (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ HIGHEST LEVEL/ PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YFAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From То FI FMENTARY

2011

6/5/2006

3/30/2011

INDALASA ELEMENTARY SCHOOL

ELEMENTARY

SECONDARY	SILAE NATIONAL HIGH SCHOOL	SECONDARY	6/6/2011	3/31/2015		2015	RIAN/ CITY
VOCATIONAL / TRADE COURSE							
COLLEGE	BUKIDNON STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION MAJOR IN SCHOOL PHYSICAL EDUCATION	6/6/2015	4/7/2019		2019	
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES-DILIMAN	MASTER OF SCIENCE IN HUMAN MOVEMENT SCIENCE	8/6/2021	PRESENT	6 UNITS		
(Continue on separate sheet if necessary)							
SIGNATURE	<u></u>		DATE		January 17, 2022		

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IV. CIVIL S	ERVICE ELIG	BILITY							
27. CARE	ER SERVICE/RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	STATE OF STA
BA		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	(MEN I	NUMBER	Date of Validity
LICENSU	JRE EXAMINAT	TION FOR TEACHERS	81.0	9/1/2019	DAVA	O CITY		1874788	9/14/2023
			-						
V WORK	EXPERIENCE		(Cor	ntinue on separate sheet	if necessary)				
and the second second		nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attache	ed Work Exp			
	USIVE DATES nm/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in ful	/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
5/18/2020	PRESENT	BASIC EDUCATIO	N FACULTY		NATIONAL AVIATION DLLEGE	22000.00		CONTRACTUA L	
5/18/2021	PRESENT	RESEARCH AS	SOCIATE	AIR LINK INTER	NATIONAL AVIATION DLLEGE	NONE		CONTRACTUA L	
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(Continue on separate sheet if necessary)								
SIGNA	TURE	().(Q			DATE	01/17/2022		

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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/\	/OLUNTARY	ORGANIZATI	ON/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			VE DATES (d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	То			
PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS 1		12/2/2019	PRESENT		MEMBER	
VII. LEARNING AND DEVELOPMENT (L&D)			sheet if necessary TTENDED)		
(Start from the most recent L&D/training program and include				hief/Executive/Mar	nagerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN	EDATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supenisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
2021 INDIGENOUS SPORTS AND GAMES WEBINAR S	ERIES: PRESERVING AND	From	To			DIJU IDDINE CDODEC COMMICCION
PROMOTING THE RICH CULTURAL HERITAGE OF OU INTERNATIONAL CONFERNECE ON SPO		11/5/2021 8/14/2021	8/14/2021	3.0		PHILIPPINE SPORTS COMMISSION INTERNATIONAL ASSOCIATION OF PHYSICAL
		- 100 March 100				EDUCATION AND SPORTS INCORPORATED INTERNATIONAL ASSOCIATION OF PHYSICAL
IDENTIFYING OUR SYNERGY: IDEAS FOR ONLINI ASEAN DATA EXPLORE	Star Spensor Sk	8/22/2021	9/1/2021	8.0		EDUCATION AND SPORTS INCORPORATED ASEAN FOUNDATION
ADAPTING TO THE NEW NORMAL: TI		9/1/2021 5/25/2021	5/27/2021	9.0		UNIVERSITY OF THE PHILIPPINES-BAGUIO
Research Proposal Writing Onlin						
Basics on Formulating a Good Research Research Proposal Writing Onlin	Title and Its Background	6/10/2021	6/10/2021	3.0		DEPARTMENT OF HEALTH
The Review of Related L Research Proposal Writing Onlin	iterature	6/17/2021	6/17/2021	3.0		DEPARTMENT OF HEALTH
The Research Method		6/24/2021	6/24/2021	3.0		DEPARTMENT OF HEALTH
Contin			sheet if necessary			
VIII. OTHER INFORMATION	(Con	иние он верагате	oneet ii necessal y			
31. SPECIAL SKILLS and HOBBIES	32. NON-		NCTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING						INTERNATIONAL ASSOCIATION OF HEALTH,
						SPORTS AND KINESIOLOGY PHILIPPINE ASSOCIATION FOR TEACHERS
						AND EDUCATORS

SIGNATURE	"Continue on separate sh	DATE	01/17/2022
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	No. 100 100 100 100 N.	No. 100 NO. 100 No. 100 No.		=
34.	Are you related by consanguinity or affinity to the appointing			
	chief of bureau or office or to the person who has immediate	e supervision over you in the Office,		
	Bureau or Department where you will be apppointed, a. within the third degree?			
		F 1 10	YES NO	
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO	
			If YES, give details:	
			-	10
35.	a. Have you ever been found guilty of any administrative offe	ense?	☐ YES ☑ NO	
			If YES, give details:	
				-0
	h Harra van haar arinirally abanaad bafaar ann an do		☐ YES ☑ NO	_
	b. Have you been criminally charged before any court?		If YES, give details:	
			Date Filed:	
		Status of Case/s:		
20	Have you ever been convicted of any crime or violation of an	ny law decree ordinance or regulation		-
30.	by any court or tribunal?	ny law, decree, ordinance of regulation	☐ YES ☑ NO	
	-, -,,		If YES, give details:	
			<u></u>	•
37.	Have you ever been separated from the service in any of the		☐ YES	
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	nd of term, finished contract or phased	If YES, give details:	
		e 1 11 312 0 1 1 7 7		1
38.	a. Have you ever been a candidate in a national or local electron and a national electron and a	ction neid within the last year (except	☐ YES ☑ NO	
	Bulangay olosaony:		If YES, give details:	, Ti
	b. Have you resigned from the government service during the		☐ YES ☑ NO	
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:	
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	
		If YES, give details (country):		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	50		
	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:	
D .	Are you a person with disability?		☐ 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	(annointee)		_
			75, 10	
	NAME	ADDRESS	TEL. NO.	
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 repre- I agree that any misrepresentation made in this docu-			
	administrative/criminal case/s against me.	ument and its attachments shall caus	so the liling of	
				ı
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			l
	LEASE INDICATE ID Number and Date of Issuance	$()_{Q}$		l
Go	overnment Issued ID: PHILHEALTH ID: 15-250216466-4	- /.(l
ID	/License/Passport No.: PRC LICENSE: 1874788	Signature (Sign inside the b	ox)	l
D.	stalDiago of leguance: 02/40/2020 TACHM CITY	01/17/2022		

Date/Flace of Issuance. V2/19/2V2V LAGUNI CIT I	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issue	d government ID as indicated above.
Γ		
	Person Administering Oath	

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