## 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 FOR<u>M</u>. 1. CS ID No. Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only 2. SURNAME PACAMPARA IAME EXTENSION (JR., SR) MELVIN FIRST NAME MIDDLE NAME TAN 3. DATE OF BIRTH 16. CITIZENSHIP 9/3/1998 ✓ Filipino Dual Citizenship (mm/dd/yyyy) 4. PLACE OF BIRTH **CALBAYOG CITY** Pls. indicate country: If holder of dual citizenship, please indicate the details. 5. SEX ✓ Male Female Philippines ✓ Single Married 17. RESIDENTIAL ADDRESS BURGOS 6 CIVIL STATUS Widowed Separated House/Block/Lot No. WEST AWANG Other/s: Subdivision/Village Barangay CALBAYOG SAMAR 1.65 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 70 ZIP CODE 6710 BURGOS 18. PERMANENT ADDRESS 9. BLOOD TYPE AB House/Block/Lot No. Street WEST AWANG 10. GSIS ID NO. N/A Subdivision/Village Barangay CALBAYOG SAMAR 11. PAG-IBIG ID NO. N/A City/Municipality Province 13-251380428 6710 12. PHILHEALTH NO. ZIP CODE 06-4405178-7 09355802454 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO 609-365-746-000 20. MOBILE NO. 0558326088 MELZKAIZER@GMAIL.COM 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) **FAMILY BACKGROUND** DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME N/A NAME EXTENSION (JR., SR) N/A N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. **PACAMPARA** 24. FATHER'S SURNAME AME EXTENSION (JR., SR) **FRANCISCO** FIRST NAME **SORIA** MIDDLE NAME 25. MOTHER'S MAIDEN NAME TAN SURNAME ARLENE FIRST NAME

MIDDLE NAME GARCIA (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND HIGHEST LEVEL/ UNITS EARNED SCHOLARSHIP/ ACADEMIC NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL (Write in full) GRADUATED HONORS (Write in full) (if not graduated) RECEIVED From То SALUTATO **ELEMENTARY CALBAYOG PILOT CENTRAL SCHOOL** PUBLIC SCHOOL/BASIC EDUCATION 6/12/2006 4/27/2012 2012 RIAN WITH CALBAYOG CITY NATIONAL HIGH SCHOOL PUBLIC SCHOOL/ SECONDARY EDUCATION 4/22/2016 2016 SECONDARY 6/12/2012 **HONORS** VOCATIONAL / DEAN'S COLLEGE NORTHWEST SAMAR STATE UNIVERSITY STATE UNIVERSITY/ BACHELOR'S DEGREE 6/13/2016 6/19/2020 2020 LIST **GRADUATE STUDIES SIGNATURE** DATE October 18, 2022

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IV. CIVIL SE	ERVICE ELIG	IBILI I							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING DATE OF  EXAMINATION /		PLACE OF EXAMINATION / CONFERMENT			LICENSE (if a	
		ITY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT				NUMBER	Date of Validity
CAREER SERVICE PROFFESIONAL			89.4	6/19/2022	SAMAR NATIONA CATBALO	AL HIGH SCHOOL, DGAN CITY			
			(Con	ntinue on separate sheet	if necessary)				
	XPERIENCE	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Evne	rianca shaat		
28. INCLU	SIVE DATES	POSITION TITLE		DEPARTMENT / AGENC			SALARY/ JOB/ PAY GRADE (if		SERVICE
	m/dd/yyyy)	abbreviate	(Write in full/Do not		(Write in not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	
From JANUARY,	To				G (BIR ACCREDITED		INCREMENT		
2022	JUNE, 2022	GRAPHIC ARTIS/ PRO	DUCTION AIDE		OF RECEIPTS)	7000.00		RESIGNED	N
SIGNA	TURE		Con	ntinue on separate sheet	if necessary)  DATE	10/18/2022			
SIGNATURE		· /	\		DAIL		C	S FORM 212 (Revised 2	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			ORGANIZATIO	DN/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in fu	II)	From	(mm/dd/vvvv)	NUMBER OF HOURS		POSITION / NATURE OF WORK
The Runaways Calbayog/ MAHARLIKA HIGHWA	Y, CALBAYOG CITY	6/6/2022	7/22/2022	24.0	VOLUNTARY W	ORK
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and included)	INTERVENTIONS/TRAINING P		TTENDED		agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN (Write in	TIONS/TRAINING PROGRAMS	INCLUSIVE ATTENDANCE		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N/A						
	(Con	tinue on separate s	sheet if necessary)			
VIII. OTHER INFORMATION						MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RI	ECOGNITION	(Write in full)			33. (Write in full)
DATABASE MANAGEMENT		N/A				Institute of Computer Engineers of the Philippines
DIGITAL DESIGNS						
LAYOUTING						
SIGNATURE	(Can	tinue on separate s	sheet if necessary)		ATE	10/18/2022
COMMITTEE	,					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? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
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:				
36. Have you ever been convicted of any crime or violation of any by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	✓ YES ✓ NO If YES, give details:  I resigned due to very delay salary				
a. Have you ever been a candidate in a national or local election Barangay election)?      b. Have you resigned from the government service during the last election to promote/actively campaign for a national or lo	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent r	☐ YES ☑ NO If YES, give details (country):				
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),</li> <li>a. Are you a member of any indigenous group?</li> </ul>	☐ YES ☑ NO If YES, please specify:				
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:			
c. Are you a solo parent?		If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)				
NAME n/a .	ADDRESS	TEL. NO.			
42. I declare under oath that I have personally accomplished to complete statement pursuant to the provisions of pertinen Philippines. I authorize the agency head/authorized represer I agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nt laws, rules and regulations of the F ntative to verify/validate the contents sta	Republic of the steed herein.	MELVINDT. DACAMBARA		
PLEASE INDICATE ID Number and Date of Government Issued ID:					
ID/License/Passport No.:  Date/Place of Issuance:	oox)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued	government ID as indicated above.		
BOOK NO. FIN 168 SERIES 202 MCLE - MOTAR	W PUBLIC UNTIL DEC. MÄR LIFE TIME - 64474 JUMBER 44068 - 321 - 940 JAN 4. 2022 COMPLIANCE VII-0002 JAL COMMISSION No. 2 COMPLIANCE VII-0002 COMPLIANCE VII-0002 COMPLIANCE VII-0002 COMPLIANCE VII-0002 COMPLIANCE VII-0002	121	CS FORM 212 (Revised 2017), Page 4 of 4		