

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)

I. PERSONAL INFORMATION

2. SURNAME

FIRST NAME

MIDDLE NAME

OMIT
MERCELYN
BAUTISTA

NAME EXTENSION (JR., SR)

3. DATE OF BIRTH (mm/dd/yyyy)

11/26/1995

16. CITIZENSHIP

☒ Filipino ☐ Dual Citizenship

☒ by birth ☐ by naturalization

Pls. indicate country:

Philippines

4. PLACE OF BIRTH

BUENAVISTA, BOHOL

If holder of dual citizenship, please indicate the details.

5. SEX

☐ Male ☒ Female

6 CIVIL STATUS

☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:

7. HEIGHT (m)

1.5

17. RESIDENTIAL ADDRESS

N/A

House/Block/Lot No.

Street

ZONE 3

Subdivision/Village

PALO

City/Municipality

BRGY. CABARASAN GUTI

Barangay

LEYTE

Province

6501

8. WEIGHT (kg)

49

ZIP CODE

9. BLOOD TYPE

O+

18. PERMANENT ADDRESS

N/A

House/Block/Lot No.

Street

ZONE 3

Subdivision/Village

PALO

City/Municipality

BRGY. CABARASAN GUTI

Barangay

LEYTE

Province

6501

10. GSIS ID NO.

N/A

ZIP CODE

11. PAG-IBIG ID NO.

1212-6037-1725

12. PHILHEALTH NO.

13-025546276-9

13. SSS NO.

06-4365472-9

19. TELEPHONE NO.

N/A

14. TIN NO.

358-962-332-000

20. MOBILE NO.

0951-867-0865

15. AGENCY EMPLOYEE NO.

N/A

21. E-MAIL ADDRESS (if any)

omitmercy@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME

FIRST NAME

MIDDLE NAME

OCCUPATION

EMPLOYER/BUSINESS NAME

BUSINESS ADDRESS

TELEPHONE NO.

N/A
N/A
N/A
N/A
N/A
N/A
N/A

NAME EXTENSION (JR., SR)

23. NAME of CHILDREN (Write full name and list all)

DATE OF BIRTH (mm/dd/yyyy)

N/A
N/A

24. FATHER'S SURNAME

FIRST NAME

MIDDLE NAME

25. MOTHER'S MAIDEN NAME

SURNAME

FIRST NAME

MIDDLE NAME

OMIT
CUSTODIO
JUSTINIANE

BAUTISTA
SYLVIA
HAGUTIN

NAME EXTENSION (JR., SR)

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL

NAME OF SCHOOL (Write in full)

BASIC EDUCATION/DEGREE/COURSE (Write in full)

PERIOD OF ATTENDANCE

HIGHEST LEVEL/ UNITS EARNED (if not graduated)

YEAR GRADUATED

SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

ELEMENTARY

DAIT NORTE, ELEMENTARY SCHOOL

ELEMENTARY

2002

2008

N/A

2008

N/A

SECONDARY

CANGAWA NATIONAL HIGH SCHOOL

HIGH SCHOOL

2008

2012

N/A

2012

N/A

VOCATIONAL / TRADE COURSE

N/A

N/A

N/A

N/A

N/A

N/A

COLLEGE

LEYTE NORMAL UNIVERSITY

BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH

2015

2019

N/A

2019

Academic Excellence Awardee

GRADUATE STUDIES

LEYTE NORMAL UNIVERSITY

MASTERS OF ARTS IN EDUCATION MAJOR IN PHYSICAL EDUCATION

2023

2024

27 UNITS

N/A

N/A

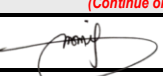
(Continue on separate sheet if necessary)





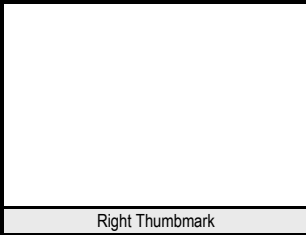

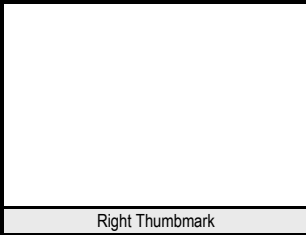

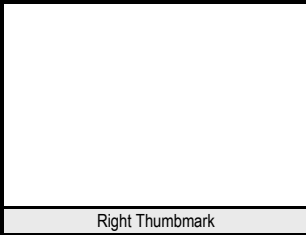



SIGNATURE

DATE

08/06/24

CS FORM 212 (Revised 2017), Page 1 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	TASK FORCE OF THE COLLEGE OF AGRICULTURE AND NATURAL SCIENCES FOR THE BACHELOR OF SCIENCE IN ENVIRONMENTAL SCIENCE 2ND ONLINE 2ND SURVEY VISIT	06/10/2024	06/14/2024	40 HRS	MEMBER	ACCREDITING AGENCY OF CHARTERED COLLEGES AND UNIVERSITIES IN THE PHILIPPINES , INC. (AACCUP)
	LIVE WEBINAR FOR PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS (PATH FIT 1-4) "BUILDING A CULTURE FITNESS & SPORTS: A PATH TO FITNESS SUCCESS, REMEMBER TO HAVE FUN AND ENJOY THE JOURNEY"	10/22/2023	10/22/2023	4 HRS	PARTICIPANT	INTERNATIONAL ASSOCIATION FOR PHYSICAL EDUCATION & SPORTS AND SERBISYONG MAESTRO- PARA SA KABATAAN
	LIVE WEBINAR FOR PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS (PATH FIT 1-4) "BUILDING A CULTURE FITNESS & SPORTS: A PATH TO FITNESS SUCCESS, REMEMBER TO HAVE FUN AND ENJOY THE JOURNEY"	10/20/2023	10/20/2023	4 HRS	PARTICIPANT	INTERNATIONAL ASSOCIATION FOR PHYSICAL EDUCATION & SPORTS AND SERBISYONG MAESTRO- PARA SA KABATAAN
	LIVE WEBINAR FOR PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS (PATH FIT 1-4) "BUILDING A CULTURE FITNESS & SPORTS: A PATH TO FITNESS SUCCESS, REMEMBER TO HAVE FUN AND ENJOY THE JOURNEY"	10/06/2023	10/06/2023	4 HRS	PARTICIPANT	INTERNATIONAL ASSOCIATION FOR PHYSICAL EDUCATION & SPORTS AND SERBISYONG MAESTRO- PARA SA KABATAAN
	LIVE WEBINAR FOR PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS (PATH FIT 1-4) "BUILDING A CULTURE FITNESS & SPORTS: A PATH TO FITNESS SUCCESS, REMEMBER TO HAVE FUN AND ENJOY THE JOURNEY"	09/22/2023	09/22/2023	4 HRS	PARTICIPANT	INTERNATIONAL ASSOCIATION FOR PHYSICAL EDUCATION & SPORTS AND SERBISYONG MAESTRO- PARA SA KABATAAN
	BASIC LIFE SUPPORT:SAVING LIVES THROUGH IMMEDIATE RESPONSE	07/24/2023	07/28/2023	40 HRS	TRAINEE	EASTERN SAMAR STATE UNIVERSITY-SALCEDO
	FACULTY RESEARCH CAPABILITY-BUILDING	04/22/2022	04/22/2022	8 HRS	PARTICIPANT	EASTERN SAMAR STATE UNIVERSITY-SALCEDO
	BASIC COMPUTER LITERACY	01/11/2021	1/22/2021	80 HRS	TRAINEE	1ST INTERNATIONAL COMPUTER TECHNOLOGY COLLEGES INC.
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	STUDENT TEACHING/MENTORING	N/A		N/A		
	MICROSOFT OFFICE PROFICIENT	N/A		N/A		
	BASIC INTERNET BROWSING	N/A		N/A		
	DANCING	N/A		N/A		
	SPORTS	N/A		N/A		
	SINGING	N/A		N/A		
	PLAYING MUSICAL INSTRUMENT	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	08/06/2024	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
37. 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 or phased out (abolition) in the public or private sector?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
40. 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? b. Are you a person with disability? c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>RIZZA JOSEFINA T. DOGUILLES</td><td>SALCEDO, EASTERN SAMAR</td><td>9152805997</td></tr><tr><td>CRISTINA A. ELARDO</td><td>SALCEDO, EASTERN SAMAR</td><td>9207005999</td></tr><tr><td>RAUL NOVILLO</td><td>PALO, LEYTE</td><td>9569265766</td></tr></table>		NAME	ADDRESS	TEL. NO.	RIZZA JOSEFINA T. DOGUILLES	SALCEDO, EASTERN SAMAR	9152805997	CRISTINA A. ELARDO	SALCEDO, EASTERN SAMAR	9207005999	RAUL NOVILLO	PALO, LEYTE	9569265766
NAME	ADDRESS	TEL. NO.											
RIZZA JOSEFINA T. DOGUILLES	SALCEDO, EASTERN SAMAR	9152805997											
CRISTINA A. ELARDO	SALCEDO, EASTERN SAMAR	9207005999											
RAUL NOVILLO	PALO, LEYTE	9569265766											
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC ID</td></tr><tr><td>ID/License/Passport No.: 1825992</td></tr><tr><td>Date/Place of Issuance: 01/02/2020/TACLOBAN CITY</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PRC ID	ID/License/Passport No.: 1825992	Date/Place of Issuance: 01/02/2020/TACLOBAN CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>08/06/2024</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	08/06/2024	Date Accomplished				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: PRC ID													
ID/License/Passport No.: 1825992													
Date/Place of Issuance: 01/02/2020/TACLOBAN CITY													
													
Signature (Sign inside the box)													
08/06/2024													
Date Accomplished													
<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			PHOTO		Right Thumbmark								
													
PHOTO													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath										
													
Person Administering Oath													