| CS Form No. 212 Revised 2017 |   |  |  |  |  |                          |  |  |
|------------------------------|---|--|--|--|--|--------------------------|--|--|
| Reviseu 2017                 | PERSO   | NAL DATA                                     | SHEE   | T                                      |  |                          |  |  |
| WARNING: Any misrepres       | sentation made in the Personal Data Sheet and the   | e Work Experience Sheet shall ca             | ause the filing of a   | dministrative/                         | criminal case/s a                                    | gainst the pe            | rson   |  |
| READ THE ATTACHED GU         | DIDE TO FILLING OUT THE PERSONAL DATA SHE boxes (1) and use separate sheet if necessary. Indicate |  |  | 1. CS ID No.                           |  | (Do not fill up          | For CSC use on                                 |  |
| I. PERSONAL INFORM.          |   | e N/A II not applicable. DO NOT ABB          | DREVIATE.  | 1. C3 ID No.                           |  | (Do not iii up.          | For CSC use on                                 |  |
| 2. SURNAME                   | BALAIS  |  |  |  |  |                          |  |  |
| FIRST NAME                   | KRISTOFER   |  |  |  | NAME EXTENSION (JI                                   | R., SR)                  |  |  |
| MIDDLE NAME                  | EGNAL   |  |  |  |  |                          |  |  |
| 3. DATE OF BIRTH             | 12/27/2001  | 16. CITIZENSHIP                              |  |  |  |                          |  |  |
| (mm/dd/yyyy)                 | 12/2//2001  | 10. OTTIZENOTIII                             | ☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization |  |  |                          | zation   |  |
| 4. PLACE OF BIRTH            | PASIG CITY  | If holder of dual citizenship,               |  |  |  | •                        | Tanzadon                                       |  |
| 5. SEX                       | ☑ Male ☐ Female   | please indicate the details.                 |  |  |  |                          | _  |  |
| 6 CIVIL STATUS               | ✓ Single  | 17. RESIDENTIAL ADDRESS                      | BALAIS' RESII  | AIS' RESIDENCE                         |  |                          | KALAHI ROAD                                    |  |
| 32030                        | ☐ Widowed ☐ Separated   |  | House/Block/L<br>N/A   | ot No.                                 |  | Street<br>BARANGAY 3     |  |  |
|                              | Other/s:  |  | Subdivision/V  |  |  | Barangay                 |  |  |
| 7. HEIGHT (m)                | 1.72  |  | BALANGI<br>City/Municip                                      |  | E/   | ASTERN SAMAF<br>Province | ζ  |  |
| 8. WEIGHT (kg)               | 112.32  | ZIP CODE                                     |  | 6812                                   |  |                          |  |  |
| 9. BLOOD TYPE                | 0+  | 18. PERMANENT ADDRESS                        | BALAIS' RESII<br>House/Block/L                               |  |  | KALAHI ROAD<br>Street    |  |  |
| 10. GSIS ID NO.              | N/A   | 1  | N/A  |  |  | BARANGAY 3               |  |  |
| 11. PAG-IBIG ID NO.          | N/A   |  | Subdivision/V<br>BALANGI                                     |  | E/   | Barangay ASTERN SAMAR    |  |  |
|                              |   | E  | City/Municip   | •                                      |  |                          |  |  |
| 12. PHILHEALTH NO.           | N/A   | ZIP CODE                                     | 681:   |  |  |                          |  |  |
| 13. SSS NO.                  | N/A   | 19. TELEPHONE NO.                            | N/A  |  |  |                          |  |  |
| 14. TIN NO.                  | N/A   | 20. MOBILE NO.                               |  | +(63) 906 474 3182                     |  |                          |  |  |
| 15. AGENCY EMPLOYEE NO.      | N/A   | 21. E-MAIL ADDRESS (if any)                  |  | kristoferl                             | balais27@gmail.com                                   |                          |  |  |
| II. FAMILY BACKGRO           | UND   |  |  |  |  |                          |  |  |
| 22. SPOUSE'S SURNAME         | N/A   | 23. N<br>NAME EXTENSION (JR., SR)            | NAME of CHILDREN (\  | HILDREN (Write full name and list all) |  |                          | TH (mm/dd/yyyy)                                |  |
| FIRST NAME                   | N/A   | INAME EXTENSION (JR., SR)                    |  |  |  |                          |  |  |
| MIDDLE NAME                  | N/A   |  |  |  |  |                          |  |  |
| OCCUPATION                   | N/A   |  |  |  |  |                          |  |  |
| EMPLOYER/BUSINESS NAM        | ΛΕ N/A  |  |  |  |  |                          |  |  |
| BUSINESS ADDRESS             | BUSINESS ADDRESS N/A  |  |  |  |  |                          |  |  |
| TELEPHONE NO.                | N/A   |  |  |  |  |                          |  |  |
| 24. FATHER'S SURNAME         | BALAIS  |  |  |  |  |                          |  |  |
| FIRST NAME                   | VIRGINIO  | JR.  |  |  |  |                          |  |  |
| MIDDLE NAME                  | DELANTAR  |  |  |  |  |                          |  |  |
| 25. MOTHER'S MAIDEN NAME     |   |  |  |  |  |                          |  |  |
| SURNAME                      | EGNAL   |  |  |  |  |                          |  |  |
| FIRST NAME                   | BELY LEA  |  |  |  |  |                          |  |  |
| MIDDLE NAME                  | DIAZ  |  |  | (Continue on se                        | parate sheet if neces                                | ssary)                   |  |  |
| III. EDUCATIONAL BA          | CKGROUND  | 1  |  |  |  |                          |  |  |
| 26. LEVEL                    | NAME OF SCHOOL<br>(Write in full)   | BASIC EDUCATION/DEGREE/CO<br>(Write in full) | UNITS EAR  |  | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED        | SCHOLARSHIP,<br>ACADEMIC<br>HONORS<br>RECEIVED |  |
| ELEMENTARY                   | BALANGIGA CENTRAL ELEMENTARY SCHOOL   | BASIC EDUCATION                              | 06/04/2  | 007 04/13/2014                         |  | 2014                     | 1ST<br>HONORABLE<br>MENTION                    |  |
| SECONDARY                    | LEYTE NATIONAL HIGH SCHOOL  | SENIOR HIGH SCHOOL                           | 06/04/2  | 018 04/03/2020                         |  | 2020                     | WITH<br>HONORS                                 |  |
| VOCATIONAL /<br>TRADE COURSE | NIA   |  |  |  |  |                          |  |  |
| COLLEGE                      | VISAYAS STATE UNIVERSITY  | BACHELOR OF SCIENCE IN BIOLOG<br>IN ZOOLOGY  | 6Y, MAJOR 09/05/2  | 020 08/07/2024                         | ı  | 2024                     | CUM LAUD                                       |  |
| GRADUATE STUDIES             | ATE STUDIES N/A   |  |  |  |  |                          |  |  |

SIGNATURE

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

07/23/2024

DATE

| IV. CIVIL   | SERVICE ELIGI   | BILITY                              |                          |                          |   |                   |  |                          |                            |
|---|-----------------|-------------------------------------|--------------------------|--------------------------|---|-------------------|--|--------------------------|----------------------------|
| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER<br>SPECIAL LAWS/ CES/ CSEE |                 | RATING                              | DATE OF<br>EXAMINATION / | PLACE OF EXAMINA         | TION / CONFERMENT                               |                   | LICENSE (if applicable)  Date of                   |                          |                            |
|   |                 | ITY / DRIVER'S LICENSE              | (If Applicable)          | CONFERMENT               | TENOE OF ENGINEER                               |                   | WEITT  | NUMBER                   | Validity                   |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   | EXPERIENCE      |                                     |                          | ntinue on separate sheet |   |                   |  |                          |                            |
|   | rivate employme | nt. Start from your recen           | t work) Description      | of duties should be      | e indicated in the attache                      | d Work Expe       | SALARY/ JOB/ PAY                                   |                          | l                          |
|   | (mm/dd/yyyy)    | POSITION T<br>(Write in full/Do not |                          |                          | ENCY / OFFICE / COMPANY<br>I/Do not abbreviate) | MONTHLY<br>SALARY | GRADE (if<br>applicable)& STEP<br>(Format "00-0")/ | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/ N) |
| From  | То              |                                     |                          |                          |   |                   | INCREMENT  |                          | ( , ,                      |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
|   |                 |                                     |                          |                          |   |                   |  |                          |                            |
| SIG   | NATURE          |                                     | (Con                     | ntinue on separate sheet | if necessary)  DATE                             |                   | 7/23.2024  |                          |                            |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S |                                  |                                  |                               |                 |                               |  |  |
|---|----------------------------------|----------------------------------|-------------------------------|-----------------|-------------------------------|--|--|
| 29. NAME & ADDRESS OF OF (Write in full)  |                                  |                                  |                               | NUMBER OF HOURS |                               | POSITION / NATURE OF WORK                                  |  |
|   |                                  | From                             | То                            |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
| VII. LEARNING AND DEVELOPMENT (L&D)   | Cor<br>INTERVENTIONS/TRAINING PR | ntinue on separate<br>ROGRAMS AT | sheet if necessary<br>TENDED  | )               |                               |  |  |
|   |                                  | INCLUSIVE DATES OF               |                               |                 | Type of LD                    |  |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)                                      | RVENTIONS/TRAINING PROGRAMS      | ATTENDANCE<br>(mm/dd/yyyy)       |                               | NUMBER OF HOURS | ( Managerial/<br>Supervisory/ | CONDUCTED/ SPONSORED BY<br>(Write in full)                 |  |
|   |                                  | From                             | То                            |                 | Technical/etc)                |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   | (Con                             | ntinue on separate               | sheet if necessary            |                 |                               |  |  |
| VIII. OTHER INFORMATION   |                                  |                                  |                               |                 |                               |  |  |
| 31. SPECIAL SKILLS and HOBBIES  | 32. NON                          | -ACADEMIC DISTIN<br>(Write       | NCTIONS / RECOG<br>e in full) | NITION          |                               | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   |                                  |                                  |                               |                 |                               |  |  |
|   | (Cor                             | ntinue on separate               | sheet if necessary            |                 |                               | T  |  |
| SIGNATURE   | am                               |                                  |                               | DA              | A <i>TE</i>                   | 7/23/2024  |  |

| 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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)? | ☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: |  |  |  |  |  |
|-----------------|---|---|--|--|--|--|--|
| 35.             | a. Have you ever been found guilty of any administrative offense?   | ☐ 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 law, decree, ordinance or regulat any court or tribunal?  | on by                                       | ☐ YES ☑ NO If YES, give details: ————————————————————————————————————  |  |  |  |  |
| 37.             | Have you ever been separated from the service in any of the following modes: resignation, retire dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolt the public or private sector?  |   | ☐ YES ☑ NO If YES, give details:   |  |  |  |  |
| 38.             | a. Have you ever been a candidate in a national or local election held within the last year (exception)?  | t   | ☐ YES ☑ NO If YES, give details:   |  |  |  |  |
|                 | b. Have you resigned from the government service during the three (3)-month period before the election to promote/actively campaign for a national or local candidate?  | last  | ☐ YES ☑ NO If YES, give details:   |  |  |  |  |
| 39.             | Have you acquired the status of an immigrant or permanent resident of another country?  |   | ☐ YES ☑ NO If YES, give details (country):   |  |  |  |  |
| 40.<br>a.<br>b. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  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 /appointee)  |   |  |  |  |  |  |
| 42.             | I declare under oath that I have personally accomplished this Personal Data Sheet which is a tri statement pursuant to the provisions of pertinent laws, rules and regulations of the Reput   |   |  |  |  |  |  |
|                 | authorize the agency head/authorized representative to verify/validate the contents stated herei misrepresentation made in this document and its attachments shall cause the filing of admi against me.   | n. I  | agree that any   |  |  |  |  |
| P.<br>G         | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance overnment Issued ID:  Viciense/Passport No.:  Signature (Sign in 7/23/2024  | side the bo                                 | xx) Right Thumbmark  |  |  |  |  |
|                 | SUBSCRIBED AND SWORN to before me this, affiar  | t exhibitin                                 | g his/her validly issued government ID as indicated above.   |  |  |  |  |
|                 | Person Administe  | ing Oath                                    |  |  |  |  |  |