CS Form No. 212 Revised 2017		PERSO	DNAL DA	TA	SHEET			
WARNING: Any misinterpreta person concerned.	tion made in the	e Personal Data Sh	neet and the Work Experie	nce Sheet	shall cause the filing of adminis	strative/criminal case/s against the		
READ THE ATTACHED GUIDE	TO FILLING O	UT THE PERSONA	L DATA SHEET (PDS) BEF	ORE ACC	OMPLISHING THE PDS FORM.	(Do not fill up. For CSC use only)		
Print legibly. Tick appropriate boxe		parate sneet if neces	sary. Indicate N/A II not applica	ible. DO N	OT ADDREVIATE. 1. 03 ID NO.	(Bo not mil up. 1 or occ use only)		
2. SURNAME	BAUGBOG							
					N.	AME EXTENSION (JR., SR)		
FIRST NAME	LEIA MAE							
MIDDLE NAME	CRUZADA							
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 31 1998		16. CITIZENSHIP			☐ Dual Citizenship ☑ by birth ☐ by naturalization		
4. PLACE OF BIRTH	IINUNANGAN,	SOUTHERN LEYT	If holder of dual citizer	ship,		Pls. indicate country:		
5. SEX	☐ Male	✓ Female	please indicate the de	tails.		-		
	✓ Single	Married	17. RESIDENTIAL ADDRESS	No.	N/A	N/A		
6 CIVIL STATUS	Widowed		The Resident We had the second		House/Block/Lot No.	Street		
	Other/s:				N/A	PONDOL		
					Subdivision/Village HINUNANGAN	Barangay SOUTHERN LEYTE		
7. HEIGHT (m)		1.5 m			City/Municipality	Province		
8. WEIGHT (kg)	48 Kg.		ZIP CODE		6608			
9. BLOOD TYPE	A		18. PERMANENT ADDRESS		N/A	N/A		
			+	-	House/Block/Lot No. N/A	Street PONDOL		
10. GSIS ID NO.		N/A			Subdivision/Village	Barangay		
11. PAG-IBIG ID NO.	N/A				HINUNANGAN	SOUTHERN LEYTE		
40 DUNIENTINO	12-025863738-6		ZIP CODE		City/Municipality 6608	Province		
12. PHILHEALTH NO.								
13. SSS NO.	34-8863710-2		19. TELEPHONE NO.		N/A			
14. TIN NO.	764-932-180		20. MOBILE NO.		09050292			
15. AGENCY EMPLOYEE NO.	1	N/A	21. E-MAIL ADDRESS (if any)		baugbogleiamae1	2@gmail.com		
II. FAMILY BACKGROUND)							
22. SPOUSE'S SURNAME		N/A		23. NAME	of CHILDREN (Write full name and list al	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	FIRST NAME N/A		NAME EXTENSION (JR., SR)		N/A	N/A		
MIDDLE NAME		N/A						
OCCUPATION	N/A							
EMPLOYER/BUSINESS NAME		N/A						
BUSINESS ADDRESS		N/A						
TELEPHONE NO.		N/A						
24. FATHER'S SURNAME		BAUGB	OG					
FIRST NAME	R	OMEO	NAME EXTENSION (JR., SR)					
		BALIA	D.					
MIDDLE NAME		DALIA						
25. MOTHER'S MAIDEN NAME								

MIDDLE NAME	PAKIDIN	NG .	(Continue on separate sheet if necessary)					
III. EDUCATIONAL BAC	KGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		LEVEL/ UNITS	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS	
	(write in full)	(Write II rail)	From	То	EARNED (if not		RECEIVED	
ELEMENTARY	PONDOL MULTI GRADE SCHOOL	N/A	06/05/2004	03/20/2011	GRADUATED	2011	3RD HON. MENTION	
SECONDARY	CANIPAAN NATIONAL HIGHSCHOOL	N/A	06/06/2011	03/21/2015	GRADUATED	2015	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ELEMENTARY EDUCTATIO	N 06/01/2015	06/14/2019	GRADUATED	2019	N/A	
GRADUATE STUDIES	NA	N/A	N/A	N/A	N/A	N/A	N/A	
		(Continue on separate sheet if necessary						
SIGNATURE	A struct		DATE		09-25-2020			

CRUZADA

JOSEFA

SURNAME

FIRST NAME

7.	CAREE	R SERVICE/ RA	1080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if	applicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE PROFESSIONAL TEACHER			WS/ CES/ CSEE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATI		ERMENT	NUMBER	Date of Validity
			AL TEACHER	83.0	09/29/2019	TACLOBAN CITY			1842761	01/10/202-
				(Conti	nue on separate sheet if r	necessary)				
		EXPERIENC								
28.	INCLU	ISIVE DATES	ment. Start from your rec				MONTHLY	SALARY/ JOB/ PAY GRADE (if		GOV'T
(mm/dd/yyyy) POSITION 1 (Write in full/Do not					SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)		
N/A		N/A	N/A			N/A	N/A	N/A	N/A	N/A
			•							
	- 7									
			7.00	(Conti	nue on separate sheet if r	MINISTER AND AND ADDRESS OF THE PARTY OF THE				
	SIGNA	ATURE	1	m/		DATE	09-	25-2020 CSE) ORM 212 (Revised 2	017) Page 2 of 4
			17	V				007	C. W. L. L (NOVIGOU Z	, . ago z or 4

CIVIL SERVICE ELIGIBILITY

VI. VOLUNTARY WORK OR INVOLVEMENT			ILIVI / PEUPL	LIVOLUNIA	TO TOTAL PARTICULAR
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVI (mm/dd	d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	From	To	NIA	N/A	
N/A .	N/A	N/A	N/A	N/A	
	Contin	ue on senarata	sheet if necessary)		
VII. LEARNING AND DEVELOPMENT (L&D)) INTERVENTIO	ONS/TRAINI	NG PROGRAM		
(Start from the most recent L&D/training program and inclu		t L&D/training tal		(5) years for Divisio	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTEN	DANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
INTERVENTIONS/TRAINING PROGRAMS (Write in full)	From	d/vvvv) To	Chooli II.	Supervisory/ Technical/etc)	(Write in full)
ORGANIC AGRICULTURE PRODUCTION	08 /02 /2019	09 /11 /2019	232 hours		BENDICAR FARM AGRI ECO-TOURISM
	(Conti	nue on separate	sheet if necessary)		
VIII. OTHER INFORMATION					
	AOA	I-ACADEMIC DIS	TINCTIONS / RECO	GNITION	MEMBERSHIP IN
31. SPECIAL SKILLS and HOBBIES	NOL		Vrite in full)		33. ASSOCIATION/ORGANIZATION (Write in full)
MICROSOFT WORD, PPT, PUBLISHER, EXCE	L				MENTOR'S GUILD
VIDEO EDITING					
<u> </u>					
READING BOOKS					
		·			
	(Conti	nue on separate	sheet if necessary)		
SIGNATURE	DA.	n		DATE	09-25-2020
	1/	0			CS FORM 212 (Revised 2017), Page 3 of

 34. Are you related by consanguinity or affinity to the appointing or recommodified of bureau or office or to the person who has immediate supervision Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employ) 	☐ 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, decregulation by any court or tribunal?	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?					
37. Have you ever been separated from the service in any of the following retirement, dropped from the rolls, dismissal, termination, end of term, f phased out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local election held w (except Barangay election)?b. Have you resigned from the government service during the three (3)-		☐ YES				
the last election to promote/actively campaign for a national or local car	ndidate?	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permanent resident of	☐ YES ☑ NO If YES, give details (country):					
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES					
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)						
NAME	ADDRESS	TEL. NO.				
ANNABEL C. LATOJA HAMPIP	ILA, ABUYOG LEYTE	9971468742				
DR. BAYRON S. BARREDO VISCA, I	BAYBAY CITY LEYTE	9272496712				
MRS. LOUISA MARIE B. ANDRADE VISCA, I	BAYBAY CITY LEYTE	9060519933				
I declare under oath that I have personally accomplished this Personal complete statement pursuant to the provisions of pertinent laws, rules Philippines. I authorize the agency head/authorized representative herein. I agree that any misrepresentation made in this docume filing of administrative/criminal case/s against me.	and regulations of the to verify/validate the	Republic of the contents stated	LEIA MAE C. BAUGBOG			
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 LICENSE ID/License/Passport No.: 1842761 Date/Place of Issuance: 01/10/2019 TACLOBAN CITY	the box) Right Thumbmark					
SUBSCRIBED AND SWORN to before me this , affian	t exhibiting his/her validly i	issued government ID as in	ndicated above			
, dilidii	Person Administering					