CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

			N/A if not applicable. DO NOT			1. CS ID No.	Service Control of the Control of th		For CSC use only	
PERSONAL INFORMATIO	N				相关。第					
2. SURNAME				VERIL			NAME EXTENSION (JR	gpi		
FIRST NAME			DARYL JAY				VONE EATENSIUN (JR			
MIDDLE NAME				BERONDO						
DATE OF BIRTH (mm/dd/yyyy)	7/12/	2001	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by na			☐ by naturaliz	ration		
4. PLACE OF BIRTH	BAYBAY C		If holder of dual citizen				Pls. indicate o			
5. SEX	☑ Male	☐ Female	рюзе писае пе	odns.	Please indicate country:			_		
6 CIVIL STATUS	✓ Single ✓ Widowed ✓ Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS		NIA House/Block/Lot No. NIA			N/A Street PANGASUGAN		
7. HEIGHT (m)	1.66m		The state of second	В	Subdivision/Village BAYBAY CITY City/Municipality			Berangay LEYTE Province		
8. WEIGHT (Ng)	68.2kg		ZIP CODE			6521				
BLOOD TYPE	N/A		18. PERMANENT ADDRESS	Hous	N/A House/Block/Lot No.			N/A Street		
0. GSIS ID NO.	N/A			N/A Subdivision/Village				PANGASUGAN Barangay		
1 PAG-IBIG ID NO.	N	IA		В	BAYBAY CITY City/Municipality			LEYTE Province		
2. PHILHEALTH NO.	N/A		ZIP CODE	- u	6521			r i o vii i o o		
3. SSS NO.	N/A		19. TELEPHONE NO.		N/A					
I. TIN NO.	N/A		20. MOBILE NO.		09855881564					
S. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		daryljayveril@gmail.co			om		
FAMILY BACKGROUND	and a land		*********		Sale stands the	Mary Control of the C				
2. SPOUSE'S SURNAME	N/A		NAME EXTENSION (JR., SR)	23. NAME of CHIL			list all)	DATE OF BIRTH (mm/dd/yyyy		
FIRST NAME	N/A		INME EATENSION (JK., SR)	1	N/A			N/A		
MIDDLE NAME	N/A					N/A			N/A	
OCCUPATION	N/A			N/A					N/A	
EMPLOYER/BUSINESS NAME	N/A					N/A		N/A		
BUSINESS ADDRESS	N/A					N/A			N/A	
TELEPHONE NO.	N/A				N/A			N/A		
4. FATHER'S SURNAME		Veril	NAME EXTENSION (JR., SR)	E EXTENSION (JR., SR)		N/A		N/A		
FIRST NAME	RON	IALD	E EXTENSION (N.C., SK)			N/A			N/A	
MIDDLE NAME		LEBRIA		N/A					N/A	
MOTHER'S MAIDEN NAME				N/A		Contraction of the Contraction o			N/A	
SURNAME		BERONDO				N/A			N/A	
FIRST NAME	LYDIA			N/A		N/A	N/A		N/A	
MIDDLE NAME	BESTUDIO			(Continue on s		ontinue on se	separate sheet if necessary)		to Septimonal survey	
. EDUCATIONAL BACKGR	ROUND					Division of the second		W. F.	SCHOLARSHIP	
6. LEVEL	NAME OF (Write		BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC	
ELEMENTARY	PANGASUGAN ELEI	MENTARY SCHOOL	GENERAL ACADEMICS		2008	2014	N/A	2014	1ST HONOR	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		GENERAL ACADEMICS		2014	2018	N/A	2018	WITH HONOR	
SENIOR HIGH	BAYBAY CITY SENIOR HIGH SCHOOL		SCIENCE, ENGINEERING, TECHNOLOGY, AND MATHEMATICS (STEM)		2018	2020	N/A	2020	WITH HONOR	
COLLEGE	VISAYAS STATE UNIVERSITY		BS IN METEOROLOGY		2020	2025	N/A	2025	N/A	
GRADUATE STUDIES	N/	IA .	N/A		N/A	N/A	N/A	N/A	N/A	
	, , , , , , , , , , , , , , , , , , ,		Continue on separate sheet if nec	essary)					المراجعة المراجعة	
SIGNATURE	1.00	Print			DATE 09 05 2025 CS FORM 212 (Revised 2017), Page 1 of 4					

	L SERVICE ELIGI								17. 建发
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		DATE OF EXAMINATION / CONFERMENT	ATION / CONFERMENT		LICENSE (if applicable) NUMBER Date of				
	CAREER SERVICE - PROFESSIONAL 82.4		MARCH 2, 2025	NAL HIGH SCI	AL HIGH SCHOOL, ORMOC		Validity N/A		
		The state of the s				и т			
		Graffer 1							
						13.96			
			(Co	ntinue on separate sheet	if necessary)				
	K EXPERIENCE	Constitution of the consti		4-4-1-		d Work Fran	AND CA		
	INCLUSIVE DATES (mm/dd/yyyy) POSITION T (Write in full/Do not		TLE DEPARTMENT / AGE		ENCY / OFFICE / COMPANY MONTHLY SALARY		SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0")/	STATUS OF APPOINTMENT	GOVT SERVICE
From	То	- (4)			(85.7	INCREMENT		(Y/ N)	
VA	N/A	N/A		Emercia de la constante de la	N/A	N/A	N/A	N/A	N/A
			1100			404			
-			and the second			AlM			
		7538		370		ant			
		6.0				Alle			
		DE. 885.754		7.5	10.50	ndi			
		of neoning est of				51.94 			
					4/8				
	OR CO	2081		To make	20 May 20	SHA			100
	duality.	AW			Alli				
	and and	AW			Astr				
	600	A 18			AN				
	(iii	49			AUI				
	126	Arg		Annual Control	lineV				
		All				A38(33)	10 (600)		
	-	201							
		, che			0.040.490				
	(dat)	ASS			\$(1/)				. 6
					(B) (F24)				
	-								
	1			A ME					
		100		CONTRACTOR DESCRIPTION	ROMEN COM				
	+			and the second district	445	14		1 24	
	+	-	184 100	apase mode pacificit is	Wilde	-,			
				Lagrantism man		100			
Į.				A.11		aut			
			(Cor	ntinue on separate sheet) nu	- 1000-	
SIC	GNATURE	A	m		DATE			5 / 2025 FORM 212 (Revised 20)17), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMENT	PEOPLE / V	DLUNTARY O	RGANIZATIO	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
CHURCH YOUTH ORGANIZA	ATION - DASIGLA	1/1/2020	ONGOING	N/A	YOU	TH LEADER - SAFETY OFFICER	
	The second second						
	huana essa.						
	1						
	safety edg. (2011)						
	(Cont	inue on separate s	sheet if necessary				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED	yes you have		William College Will College College	
posted one design		INCLUSIVE ATTEN	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu	10)	(mm/de	d/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
N/A	The state of the s	N/A	N/A	N/A	N/A	N/A	
	18080 NO. (57 II 10001AB	11110 (11110)	1000015000	1000		Purpos stayout	
ON 19	239	e later atta	in the life, the	ALLEGAR-THE	TORNORS OF	Charles of the Control of the Contro	
nie nie	also own 25V II	2500	Targh	organis sala	tensilen i dans	somen sedhe efinens o mille	
1552	317 327	Cednoso	arioda lo m	Nat hear	sag to line tga in	dolonak, w the kill a	
(minimum) a	islah evip LEF II						
	311	eff rank of cu	e artswar in	BS/2) plear	97 0050 to 101	news resulting and the	
DW (II)	237				Paperni 31	company the Constitution of the Constitution	
	entary portions U.S.					Cylinder of a state of the same	
all OLy	T. YES, Please coacif						
ON	East III					(158) - A. L. C.	
		Springer Audio (s)					
the control of the control of	N. Carlotte			AND DECEMBED	Orners Provide a	Marie Printer Committee Co	
	97/(48)	T 35 MB 3	ACASA ST				
	100,00	YTIQ MOSS	UD.				
	116 8190088626	U VIIO VAE	AE ADEN			TO CAMPING	
	BETTER REBUSEZTES	LABUD MAH	MA OY JWAR		7.0	A DESTRUCTION OF THE SECOND	
	ling formula Julia et il filori	iw toadd sir	LI 16/10/18*	uni Bentidi	OCCUPATION NO.		
) meanly the deal	on anti-atabili	iviyîrav il a	istrazor;ar	957, 916, 111, 1	THE RESERVE THE PROPERTY OF THE PARTY OF THE	
	to gallet and paules there	SHEARING	0 471 13113		3.34		
234	Cont	inue on separate s	hoat if nocacean	- U	-		
VIII. OTHER INFORMATION	(one						
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN		NITION	3	3. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
CLIMATE AND WEATHER ANALYSIS	and the second s	N/A	in full)			DASIGLA YOUTH ORGANIZATION	
REMOTE SENSING		NA					
GIS PROFICIENCY			-				
DATA MANAGEMENT AND ANALYSIS	an anathra an ghas as a' a' a'						
TECHNICAL AND IT SKILLS							
SCIENTIFIC RESEARCH							
FIELD WORK	100	I MA TH					
	(Cont	Inue on separate s	heet if necessary			no la la casa	
SIGNATURE	Time			DA	ITE	09/05/2025 CS FORM 212 (Revised 2017), Page 3 of 4	
	U (

34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat Bureau or Department where you will be appointed,	g or recommending authority, or to the le supervision over you in the Office,					
within the third degree?	☐ YES ☑ N	0				
b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ N If YES, give details:	0				
35. a. Have you ever been found guilty of any administrative of	fense?					
	☐ YES ☑ N If YES, give details:	0				
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 a	any law doorse ardinance or moulation by					
any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, in the public or private sector?		☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	ection held within the last year (except	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during t election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanen	☐ YES ☑ NO If YES, give details (country):					
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES ☑ NO If YES, please specify ID No:					
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)					
NAME	ADDRESS	TEL. NO.				
LEANNE MARIE A. LORETO	PAGASA WFFC, BIR RD., DILIMAN, QUEZON CITY	9357641861				
CHARLINDO S. TORRION	VISCA, BAYBAY CITY. LEYTE	9190068626				
RAYMOND JESS G. GOLIAT	BANUYO, AMIHAN, QUEZON CITY	9690382796				
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repress agree that any misrepresentation made in this docu administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	PHOTO			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: 4265-0836-0275-4078 ID/License/Passport No.: P8089580C Date/Place of Issuance: CEBU CITY	Signature (Sign inside the b	oox)	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this		ing his/her validly issued gove	mment ID as indicated above.			
	Person Administering Oal					
	th	The second second second second				