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 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 PERSONAL INFORMATION VARRON AME EXTENSION (JR., SR) FIRST NAME JESREI GARCIANO MIDDLE NAME 3. DATE OF BIRTH 19/07/1999 16. CITIZENSHIP ▼ Filipino (mm/dd/yyyy) ■ Dual Citizenship by birth ■ by naturalization BAYBAY CITY, WESTERN LEYTE HOSPITAL 4. PLACE OF BIRTH If holder of dual citizenship. Pls. indicate country: please indicate the details. **▼** Male ☐ Female 5. SEX V ■ Married 17 RESIDENTIAL ADDRESS ✓ Single TINAGO 6 CIVIL STATUS Street ☐ Widowed House/Block/Lot No. □ Separated PALHI Other/s: Subdivision/Village Barangay **BAYBAY CITY** LEYTE 7. HEIGHT (m) 1.68 m Citv/Municipality Province 8. WEIGHT (kg) 65 kg ZIP CODE 18. PERMANENT ADDRESS TINAGO 9. BLOOD TYPE N/A House/Block/Lot No Street PALHI 10. GSIS ID NO. N/A Subdivision/Village Barangay 11. PAG-IBIG ID NO. 121335183230 Province 12. PHILHEALTH NO. **BAYBAY CITY** 13-250343308-0 ZIP CODE LEYTE 13. SSS NO. N/A 19. TELEPHONE NO. 14. TIN NO. 620-920-117-00000 20. MOBILE NO. 09368247046 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if anv) jesrelvarron99@gmail.com **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) IAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A MIDDLE NAME N/A N/A OCCUPATION EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME VARRON AME EXTENSION (JR., SR) FIRST NAME **RENATO BERTES** MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME VARRON FIRST NAME **ZENAIDA** MIDDLE NAME **GARCIANO** (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL GRADUATED **HONORS** (Write in full) (Write in full) (if not graduated) RECEIVED From То FI FMFNTARY PALHI FLEMENTARY SCHOOL PRIMARY EDUCATION GRADUATED 2011 NONE WITH SECONDARY EDUCATION **SECONDARY BAYBAY NATIONAL HIGH SCHOOL** GRADUATED 2016 **HONORS** WITH VOCATIONAL / **GRADUATED BAYBAY CITY SENIOR HIGH SCHOOL** SENIOR HIGH 2018 TRADE COURSE **HONORS** BACHELOR OF PHYSICAL EDUCATION COLLEGE **VISAYAS STATE UNIVERSITY GRADUATED** 2022 NONE GRADUATE STUDIES N/A N/A N/A N/A N/A **SIGNATURE** DATE

IV. CIVIL SI	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  LICENSURE EXAMINATION FOR TEACHERS  79%			DATE OF EXAMINATION / PLACE OF EXAMINA		TION / CONFERMENT		LICENSE (if a		
			(If Applicable)	CONFERMENT		THOM / COM ENVIEW		NUMBER	Date of Validity
			79%	10-14-23 TACLOBAN CITY				0038177	08/11/2025
	EXPERIENCE			tinue on separate sheet		•			•
	ate employme JSIVE DATES	nt. Start from your recer	nt work) Descriptio	n of duties should b	be indicated in the attach	ed Work Exp	SALARY/ JOB/ PAY	t.	
	m/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGI (Write in ful	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То			·		INCREMENT		(Y/ N)	
01/12/2024	PRESENT	PART-TIME INS	TRUCTOR	INSTITUTE OF H					
8-14-2024	12-16-2024	PART-TIME INSTRUCTOR		INSTITUTE OF H					
SIGNA	ATURF		(Con	tinue on separate sheet	if necessary)  DATF				

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	T/PEOPLE/	VOLUNTARY	ORGANIZATIO	ON/S	
29. NAME & ADDRESS OF O (Write in full	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		N/A
VII I FARNING AND DEVEL OPMENT (I & DI	·		sheet if necessary	y)		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR  30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAININGPROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/SPONSORED BY (Write in full)
BASIC MOUNTAINEERING	G COURSE	From 02-25-2022	To 02-26-2022	16 HOURS		MOUNTAINEERING FEDERATION OF THE
BASIC MOUNTAINEERING	GCOURSE	05/01/2022	05/03/2022	22 HOURS		PHILIPPINES INC.  BAKTAS TAMOLAYAG OUTDOOR GROUP
STANDARD FIRST-AID AND BLS-CPR V		03/11/2022	03-15-2022	40 HOURS		PHILIPPINE RED CROSS-ORMOC CHAPTER
BASIC LIFE SUPPORT WITH CPR 2020 GUIDELINES OBSTRUCTION AND BAG VALVE MASK APPLICA	WITH AED, FOREIGN BODY AIRWAY TIONS, OCCUPATIONAL FIRST AID	03/04/2024	03/06/2024	22 HOURS		THE THE RES SHOOL ONINGS SING TEN
	(Con	atinuo on congrato	sheet if necessar			
VIII. OTHER INFORMATION	(601)	unue on Separate	Sheet ii necessar	<u>//</u>		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
MOUNTAINEERING	N/A					MASTERGUIDE BAYBAY CHAPTER
BASIC LIFE SUPPORT AND STANDARD FIRST AIDER						AMICUS- VSU MAIN
SIGNATURE	(Con	tinue on separate	sheet if necessar		ATE	
5.5						CS FORM 212 (Revised 2017), Page 3 of

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?	☐ YES ☑ I	NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ I If YES, give details: —	NO				
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☑  If YES, give details:  ———————————————————————————————————	NO				
	b. Have you been criminally charged before any court?	☐ YES ☑  If YES, give details:  Date Filed:  Status of Case/s:	NO				
36.	Have you ever been convicted of any crime or violation of arby any court or tribunal?	☐ YES ☑ NO If YES, give details:					
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38.	<ul><li>a. Have you ever been a candidate in a national or local election</li><li>b. Have you resigned from the government service during the</li></ul>	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO					
	election to promote/actively campaign for a national or local	• • •	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	•					
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please allower the following items.	☐ YES	✓ NO			
b.	Are you a person with disability?	If YES, please specify:					
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant						
	NAME	ADDRESS	TEL. NO.				
	MAXIMINO C. LASACA	Brgy. Palhi, Baybay City Leyte	9474848021	ID picture taken within the last 6 months 4.5 cm. X 3.5 cm			
	ROWENA V. BARRIENTOS	Brgy. Palhi, Baybay City Leyte	9069649194	(passport size)			
				Computer generated or photocopied picture			
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.							
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: TIN ID						
l ⊢	//License/Passport No.: 356-580-145-000	Signature (Sign inside the b					
l H	ate/Place of Issuance: 09/21/2020/Ormoc City, Leyte	ox)  Right Thumbmark					
-	SUBSCRIBED AND SWORN to before me this	:   -:-	overnment ID as indicated above.				
	SUBSCRIBLE AND SWORN to before the this	, aniant exhibit	ing hishiel valualy issued go	overiment in as indicated above.			
	Person Administering Oath						