CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SI	HEE	Т	EST POOR			
WARNING: Any misrepresent	ation made in the Personal Data Sheet and	the Work Experience Sheet si	nall cause the	e filing of adn	ninistrative	/criminal case/s a	against the pe	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA S	HEET (PDS) BEFORE ACCOM	PLISHING TH	HE PDS FORM					
I. PERSONAL INFORMATI	es) and use separate sheet if necessary. Ind	icate N/A if not applicable. DO N	OT ABBREVI	ATE.	1 CS ID No		(Do not fill up	. For CSC use or	
2 SURNAME	BRAGA								
FIRST NAME	ROMMEL		_	_		NAME EXTENSION (IR., SR)	SV = 14.	
MIDDLE NAME	DUMANDAN		-	-					
3. DATE OF BIRTH		16. CITIZENSHIP					_		
(mm/dd/yyyy)	08/06/1970	III. GITZENSHIP		✓ Filipino □ Dual Citizenship □ by birth □ by naturalizatik			limation		
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citiz	enship,			Pls. indicate country:			
5. SEX	✓ Male ☐ Female	please indicate the	details.					-	
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS							
	✓ Widowed Separated	Was to the state of	- +	louse/Block/Lot I	Va		Street GUADALUPE		
7 DENNITON				Subdivision/Villag BAYBAY	де	anka T	Barangay LEYTE		
7. HEIGHT (m)	1.7018			City/Municipality	/		Province		
8. WEIGHT (kg)	70	ZIP CODE		madia av	(ASTRON	6521	71 20	616516	
9. BLOOD TYPE	A-	18. PERMANENT ADDRESS	H	louse/Block/Lot I	Vo		Street	PRINCE	
10. GSIS ID NO.	70080601393	e e e e e e e e e e e e e e e e e e e		Subdivision/Villag	30		GUADALUPE Berangay	N	
11. PAG-IBIG ID NO.	170000243601			BAYBAY			LEYTE		
12. PHILHEALTH NO.	13-0000145018	ZIP CODE		City/Municipality		6521	Province		
13. SSS NO.	N/A	19. TELEPHONE NO.					-		
14. TIN NO.	116623326	20. MOBILE NO.							
15. AGENCY EMPLOYEE NO.	V00114	21. E-MAIL ADDRESS (if any)							
II. FAMILY BACKGROUND				TO STATE OF THE					
22. SPOUSE'S SURNAME	BRAGA		23. NAME of 0	CHILDREN (Writ	e full name and	d list all)	DATE OF BIR	RTH (mm/dd/yyy	
FIRST NAME	FLORES	NAME EXTENSION (JR., SR)	JHEMELYN B. BRAGA			4/1990			
MIDDLE NAME	BALMES		FLOREMEL B. BRAGA		10/17/1992				
OCCUPATION	DECEASED		JENNY B. BRAGA		11/03/1996				
EMPLOYER/BUSINESS NAME	N/A		F	ROMMEL JAMES B. BRAGA JR.			04/04/2002		
BUSINESS ADDRESS	N/A		RONALD JAMES B. BRAGA		AGA	11/20/2009			
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	RAYMUNDO								
FIRST NAME	HONDEZ	NAME EXTENSION (JR., SR)							
MIDDLE NAME									
5. MOTHER'S MAIDEN NAME									
SURNAME	DUMANDAN		11.						
FIRST NAME	ADELA	1							
MIDDLE NAME	STA. IGLESIA		(Continue on separate sheet if neo			ssary)	E SEE		
III. EDUCATIONAL BACKO	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	UNITS EARNE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS		
				From	То			RECEIVED	

SECONDARY BUNGA NATIONAL HIGH SCHOOL SECONDARY 1982 1986 GRADUATED 1986 N/A VOCATIONAL / TRADE COURSE NA N/A N/A N/A N/A COLLEGE N/A N/A N/A NA NA GRADUATE STUDIES N/A N/A N/A SIGNATURE

DATE

	SPECIAL LAWS		RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFE	RMENT	LICENSE (if ap	Date o
B/		/ DRIVER'S LICENSE (IT Applicable) CONFERMENT		NUMBER	Validit				
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		and the City							W.F
	Name and the					97(91.)	no vzarani	ane	io in
			(Co	ntinue on separate sheet it	necessary)				
	EXPERIENCE	Start from your room	twork) Description	un of dution chould b	e indicated in the attac	b. J.W. J. F			
INCL	USIVE DATES					neu yvork E	SALARY/JOB/PAY		000
	nm/dd/yyyy)	POSITION TO (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format *08-0*)/	STATUS OF APPOINTMENT	SERVIC
From	То		AC SOUTH AND IN				INCREMENT		(Y/N)
/01/2013	PRESENT	ADMINISTRATIV		VISAYAS STA	ATE UNIVERSITY	15020.00		PERMANENT	Υ
2/01/2004	06/30/2013	ADMINISTRATIV	E AIDE	VISAYAS STA	ATE UNIVERSITY	9365.00		PERMANENT	Υ
1/01/1994	11/30/2004	UTILITY WOR	KERI	VISAYAS STA	ATE UNIVERSITY	5209.00	E-130-IN-11	PERMANENT	Υ
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LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING R	ontinue on separa	te sheet if necessa	ry)			
LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS TRAINING P		VE DATES OF				
TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATT	ENDANCE n/dd/yyyy)	MUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(verico in ton)		From	To		Supervisory/ Technical/elc)	(Write in full)	
LNU-BLIS STUDENTS DURING THEIR C	ON-THE-JOB TRAINING	02/17/2025	03/15/2025	200.0	TECHNICAL	LEYTE NORMAL UNIVERSITY	
LOYALTYAWARI		09/30/2024	09/30/2024	8.0		VISAYAS STATE UNIVERSITY	
LNU-BLIS STUDENTS DURING THEIR C		05/06/2024			TECHNICA		
TH EASTERN VISAYAS LIBRARIANS SUMMIT WIT			05/24/2024	200.0	TECHNICAL	LEYTE NORMAL UNIVERSITY	
EMPOWER"		09/13/2023	09/15/2023	24.0	MANAGERIAL	PHILIPPINE LIBRARIANS ASSOCIATION, INC	
TRAINING ON WORKING TOWARDS PER	SONAL EFFECTIVENESS	08/22/2023	08/25/2023	24.0	MANAGERIAL	PERSONNEL OFFICERS ASSOCIATION OF TO PHILIPPINE, INC.	
ISO 9001:2015 AWARENESS/RE-AWA		08/30/2022	08/31/2022	16.0	MANAGERIAL MANAGERIAL TECHNICAL	VISAYAS STATE UNIVERSITY	
RE-ORIENTATION OF EMPLOYEES' DUTIES AND CUSTOMER SERVICE		09/23/2021	09/23/2021	8.0		VISAYAS STATE UNIVERSITY PERSONNEL OFFICERS ASSOCIATION OF TO DEBUT INDOME. INC.	
TRAINING ON WORKING TOWARDS PERS	SONAL EFFECTIVENESS	08/27/2019	08/30/20219	24.0			
GENDER SENSITIVITY TRAINING FOR THE ADMIN	STRATIVE AND SUPPORT STAFF	09/11/2018	09/11/2018	8.0	MANAGERIAL	PHILIPPINE, INC. VISAYAS STATE UNIVERSITY	
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OTHER INFORMATION							
SPEC D. SKILES and HOBBIES	32. NON		INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO	
The Man of the last of the las		(Wr	ite in full)			(Write in full)	

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	har and will have written and the second					NA PRINCIPAL GRANT ESTINESANTS	
SIGNATURE	Homman Harry		sheet If necessar	DA		adosta-	

34.	Are you related by consanguinity or affinity to the appointing or			Paragraph - to be to be to be			
	chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed,	supervision over you in the Office,	Man Section 1				
	a. within the third degree?		☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Caree	☐ YES ☑ NO					
		If YES, give details:					
25	a. Have you ever been found guilty of any administrative offen						
30.	a. Have you over book found guilty of any auministrative offen	☐ YES ☑ If YES, give details:	NO .				
		ii 120, give details.					
	b. Have you been criminally charged before any court?		☐ YES ☑	NO			
	b. Have you been diminishly that god before any courts	If YES, give details:					
		Date Filed:					
		Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37	Have you ever been separated from the service in any of the f	following mades: regionation, reframent	_				
37.	dropped from the rolls, dismissal, termination, end of term, finit		YES If YES, give details:	NO NO			
	in the public or private sector?						
38.	 a. Have you ever been a candidate in a national or local election. Barangay election. 	on held within the last year (except	☐ YES ☑ NO				
		If YES, give details:					
	 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local ca 		YES VIO				
30	Have you acquired the status of an immigrant or permanent re	If YES, give details:					
00.	riars you assessed to state at all anning tare or portionority	roughly!	YES VO				
	The state of the s	th manager party	True give details (ee	unby).			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371), (b) Magna		MERCHAN AND A	Service Call IIV I No SILLING			
a.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please at	nswer the following items:					
	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:					
b.	Are you a person with disability?	☐ YES ☑ NO					
C.	Are you a solo parent?	If YES, please specify ID No:					
	740 you a solo parsiti.		YES If YES, please specify ID	No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
	NAME	ADDRESS	TEL NO.				
Т	SHEIRA MAY T. CAMACHO	BAYBAY CITY, LEYTE	563-7568				
1	JOVELYN H. MABUAN			350			
-	O M. PORTONIA CONTRACTOR CONTRACT	BAYBAY CITY, LEYTE	563-7512				
10	ANDRELI D. PARDALES	BRGY. GUADALUPE, BAYBAY CITY	563-7512				
42.	I declare under oath that I have personally accomplished to complete statement pursuant to the provisions of pertinent						
	Philippines. I authorize the agency head/authorized represent	tative to verify/validate the contents state	d herein.				
	agree that any misrepresentation made in this docum- administrative/criminal case/s against me.	ent and its attachments shall cause	the filing of	PHOTO			
	administration against the						
	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	0. 01					
	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID:	Loming Berg					
			A CONTRACTOR				
	/License/Passport No.:)X)					
Da	ate/Place of Issuance:		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	affront evhibitin	a hie/har validly issued acya	mment ID as indicated above.			
	COSCULIE AND OTTOM & DOME HE UIS	, amant exhibitin	y marier valuely issued gover	minent to as indicated above.			
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-	1	Person Administering Oath					
	- Landerson	r Groon Administering Odl					