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. (Do not fill up. For CSC use only 1. CS ID No. 2. SURNAME **ROJAS** NAME EXTENSION (JR., SR) FIRST NAME JOHN PHILLIP AUGUSTUS MIDDLE NAME POI IQUIT 3. DATE OF BIRTH 16. CITIZENSHIP 01/07/1998 ☐ Dual Citizenship **▼** Filipino (mm/dd/yyyy) ☐ by birth by naturalization 4 PLACE OF BIRTH BATO, CATANDUANES If holder of dual citizenship. Pls. indicate country: please indicate the details 5 SEX ✓ Male ☐ Female \mathbf{v} ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS SITIO KIGA 6 CIVIL STATUS House/Block/Lot I ☐ Widowed □ Separated N/A SAN ISIDRO ☐ Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.67m City/Municipality 8. WEIGHT (kg) 65 kg. ZIP CODE 6521 18. PERMANENT ADDRESS N/A SITIO KIGA 9. BLOOD TYPE Α+ House/Block/Lot SAN ISIDRO N/A 10. GSIS ID NO. N/A Subdivision/Villag Barangay **BAYBAY CITY** I FYTF 11. PAG-IBIG ID NO. 1212-4777-0735 City/Municipality 12. PHILHEALTH NO. 10-251631178-6 ZIP CODE 6521 13. SSS NO. 05-1510779-9 19. TELEPHONE NO N/A 14. TIN NO. 489-253-351 20. MOBILE NO. 09487667188 15. AGENCY EMPLOYEE NO. 401400 21. E-MAIL ADDRESS (if any) japxrojas@gmail.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME 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 **ROJAS** NAME EXTENSION (JR., SR) MANUEL FIRST NAME MIDDLE NAME DE MESA 25. MOTHER'S MAIDEN NAME SURNAME POLIQUIT FIRST NAME AURELIA VENTULA MIDDLE NAME (Continue on separate sheet if necessary) . EDUCATIONAL BACKGROUND

SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From То ELEMENTARY BATO CENTRAL ELEMENTARY SCHOOL PRIMARY 2004 2010 2010 SECONDARY BATO RURAL DEVELOPMENT HIGH SCHOOL SECONDARY 2010 2014 2014 VOCATIONAL / THE GILGAL TRAINING CENTER INC. DRIVING NC II 09/13/2018 10/23/2018 2018 TRADE COURSE BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN MARKETING MANAGEMENT COLLEGE CATANDUANES STATE UNIVERSITY 2018 2018 2014 GRADUATE STUDIES N/A N/A N/A N/A N/A (Continue on separate sheet if necessary) SIGNATURE DATE December 2, 2023

7. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	DATINO	DATE OF				LICENSE (if applicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)			(If Applicable)	EXAMINATION / CONFERMENT	TION / CONFER	RMENT	NUMBER	Date	
			81.25%	12/08/2018	VIRAC, CAT	TANDIIANES			Validi
CARLLIN OL	-RVIOL I ROIT	EGOIONAL ELIGIBIETT	01.2370	12/00/2010	VIICAO, OAT	ANDOANEO	,		
			(Co	ntinue on separate sheet	if necessary)				
. WORK E.	XPERIENCE		(00)	nunue on separate sneet	n necessary)				
		nt. Start from your recen	t work) Descriptio	on of duties should l	oe indicated in the attach	ed Work Exp		t.	
	SIVE DATES n/dd/yyyy)	POSITION TI	TLE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV SERVI
From	То	(Write in full/Do not	abbreviate)	(Write in ful	I/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/1
08/09/2018	02/12/2021	ADMINISTRATIV	E AIDE III		REGISTRY OFFICE OF	N/A	N/A	JOB ORDER	YE
	PRESENT	TELLER		BATO, CATANDUANES PHILIPPINE NATIONAL BANK			SC		
03/01/2022	PRESENI	TELLER	<u>.</u>	PHILIPPINE	NATIONAL BANK	₱14,000.00	30	REGULAR	NC
						<u> </u>			
		AAM X.	(Co	ntinue on separate sheet	if necessary)				

VI. VOLUNTARY WORK OR INVOLVEMENT	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION			INCLUSIVE DATES		5100			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A			
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate ROGRAMS A		()				
(Start from the most recent L&D/training program and include				Chief/Executive/Ma	nagerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTE	RVENTIONS/TRAININGPROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD (Managerial/	CONDUCTED/SPONSORED BY		
(Write in full)		(mm/c	id/yyyy) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)		
TRAINING OF LCRO PERSONNEL & BARANGAY SEC CATANDUANES ON COMPUTERIZATION OF LCRO &		03/20/2021	03/20/2021	8 HOURS	TECHNICAL	ENGR. ANAVI F. CAMACHO- PSA CHIEF STATISTICAL SPECIALIST		
BARANGAY CIVIL REGISTRY SYSTEM TRAINING	2	12/06/2019	12/06/2019	4 HOURS	TECHNICAL	ENGR. ANAVI F. CAMACHO- PSA CHIEF STATISTICAL SPECIALIST		
TRAINING-WORKSHOP ON CASES AFFECTING CDLIS	s, RA 9048/10172 & SUPPLEMENTAL	09/17/2019	09/19/2019	24 HOURS	TECHNICAL	ENGR. ANAVI F. CAMACHO- PSA CHIEF STATISTICAL SPECIALIST		
SEMINAR ON NEW LAWS/ DIRECTIVES/ISSUANCES	ON CIVIL REGISTRATION	07/06/2019	07/06/2019	4 HOURS	TECHNICAL	ENGR. ANAVI F. CAMACHO- PSA CHIEF STATISTICAL SPECIALIST		
TELLERS TRAINING PROGRAM			4/19-22/2022	24 HOURS	TECHNICAL	GRACE P. DE VILLA- TRAINING OFFICER		
	(Con	tinue on separate	sheet if necessary	<i>(</i>)				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COMPUTER LITERATE	N/A					N/A		
PHOTOSHOP EDITING	PHOTOSHOP EDITING							
MICROSOFT OFFICE								
2/2//	AAM X	tinue on separate	sheet if necessary			n		
SIGNATURE	10214			Di	ATE	December 2,2023 CS FORM 212 (Revised 2017), Page 3 of a		

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 ☑] NO			
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative offer	☐ 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 ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. 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. a. Have you ever been a candidate in a national or local election Barangay election)?	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?				
election to promote/actively campaign for a national or local	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?				
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. Are you a member of any indigenous group?	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: Are you a member of any indigenous group?				
b. Are you a person with disability?	Are you a person with disability?				
c. Are you a solo parent?	Are you a solo parent?				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
NAME	ADDRESS	TEL. NO.			
KATHERENE B. VERGARA	LIBOD POBLACION, BATO, CATANDUANES	N/A			
RUTH T TAPEL	LIBOD POBLACION, BATO, CATANDUANES	N/A			
JUANITO S. UY	BAYBAY CITY, LEYTE	N/A			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the lesentative to verify/validate the contents	Republic of the stated 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: TIN	Longho				
ID/License/Passport No.: 489-253-351	Signature (Sign inside the b				
Date/Place of Issuance: BIR	/Place of Issuance: BIR Determine 2,2023 Date Accomplished				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued	government ID as indicated above.		
			•		
<u> </u>					
	Person Administering Oat	h			