CS Form No. 212 Revised 2017 PERSONAL DATA SHEET									
WARNING: Any misrepresentation	on made in the Personal Data Sheet and the	Work Experience Sheet shall o	cause the filin	g of adminis	strative/crim	ninal case/s again	st the person	concerned.	
READ THE ATTACHED GUIDE T	O FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMPL	ISHING THE	PDS FORM.					
Print legibly. Tick appropriate boxes (I. PERSONAL INFORMATION	and use separate sheet if necessary. Indicate N	/A if not applicable. DO NOT ABE	BREVIATE.		1. CS ID No.		(Do not fill up. F	For CSC use only	
2. SURNAME	CABALLERO								
						NAME EXTENSION (JR	, SR)		
FIRST NAME	JOBERT								
MIDDLE NAME 3. DATE OF BIRTH	LAPARA								
(mm/dd/yyyy)	10/08/1989	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization				ation	
4. PLACE OF BIRTH	BAYBAY LEYTE		If holder of dual citizenship,			Pls. indicate c	ountry:		
5. SEX	☑ Male ☐ Female	please indicate the det	tails.	Philippines				•	
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS Hou		ise/Block/Lot No.			PUROK 4 Street	Street	
	☐ Other/s:		Su	bdivision/Village	9	r	PANGASUGAN Barangay		
7. HEIGHT (m)	1.63		С	BAYBAY City/Municipality			LEYTE Province		
8. WEIGHT (kg)	73	ZIP CODE		6521-A					
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Ног	una/Dinak/Lat Ni	•		PUROK 4		
10. GSIS ID NO.	N/A	1					Street PANGASUGAN		
11. PAG-IBIG ID NO.	1212-0355-1530	-		Subdivision/Village BAYBAY		Barangay LEYTE			
12. PHILHEALTH NO.	13-000103073-7	ZIP CODE	<u> </u>	City/Municipality Province 6521-A					
13. SSS NO.	34-1867680-3	19. TELEPHONE NO.		N/A					
14. TIN NO.	482-438-875-000	20. MOBILE NO.		0951 852 0481					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		jober	rt.caballe	ro1989@gma	ail.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	CABALLERO		23. NAME of CHILDREN (Write full name an			,		H (mm/dd/yyyy)	
FIRST NAME	LADYLYN	NAME EXTENSION (JR., SR)	JASMIN GRACE A. CABALLERO			01/18	3/2011		
MIDDLE NAME	ALARCON		JA	JAYRON BRYLE A. CABALLERO			09/02/2014		
OCCUPATION	HOUSEWIFE								
EMPLOYER/BUSINESS NAME	ZER/BUSINESS NAME N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	CABALLERO	NAME EXTENSION (JR., SR)							
FIRST NAME	JAIME	NAME EXTENSION (III., ON)							
MIDDLE NAME	ABANAG								
25. MOTHER'S MAIDEN NAME									
SURNAME	LAPARA								
FIRST NAME	MARIA VILLA								
MIDDLE NAME	GUMBA			(Co	ontinue on se	parate sheet if neces	sary)		
III. EDUCATIONAL BACKGR	ROUND		_					SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	PANGASUGAN ELEM. SCHOOL	PRIMARY EDUCAT	TION	06/01/1997	03/31/2002	GRADUATED	2002	N/A	
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY EDUC	ATION	06/01/2002	03/31/2006	GRADUATED	2006	N/A	
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	COLLEGE LEVEL	BS in ANIMAL SCIE	ENCE	06/01/2006	08/30/2006	11 UNITS		N/A	
GRADUATE STUDIES	N/A								
SIGNATURE		Continue on separate sheet if neces	ssary)	DA	\TE	Jı	une 16, 2023		

IV. CIVIL SE	ERVICE ELIGI	BILITY							
27. CAREE	R SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
NATIONAL CERTIFICATE II in DRIVING								18083702011993 CJL-89-368-08037- 001	04/17/2023
NATIONAL CERTIFICATE II in HOUSEKEEPING							19083702019680 CJL-90-368-08037- 001	10/04/2024	
V WORK E	XPERIENCE		(Con	ntinue on separate sheet	if necessary)			_	
		nt Start from your rocon	t work) Dosorintio	n of duties should b	a indicated in the attache	nd Work Evr	orioneo shoo	4	
(Include private employment. Start from your recent 28. INCLUSIVE DATES (mm/dd/yyyy) POSITION T			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То		·		AGRICULTURAL TRAINING INSTITUTE -		INCREMENT	CONTRACT OF	(Y/ N)
07/01/2019	PRESENT	ADMIN. AIDE I (UTILI		REGIONAL TR	AINING CENTER VIII PURE AND APPLIED	9,000.00	N/A	SERVICE	YES
11/16/2017	12/31/2018	UTILITY WO		CHEMIS	TRY (DoPAC)	5,000.00	N/A	JOB ORDER	YES
10/16/2010	11/15/2017	MACHINE OPE	ERATOR	VSU	- HELVMU	5,000.00	N/A	JOB ORDER	YES
(Continue on separate sheet if necessary)									
SIGNA	TURE				DATE		June	16, 2023	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV (mm/de		NUMBER OF HOURS		POSITION / NATURE OF WORK		
NBGBI GUARDIANS			PRESENT			MEMBER		
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s						
30. TITLE OF LEARNING AND DEVELOPMENT INTE	INCLUSIVE DATES OF ATTENDANCE		NIMES CO.	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY			
(Write in full)		(mm/do		NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)		
#GADtoKnow: Forum on Gender Sensitivity Awar	reness	03/31/2022	03/31/2022	8	TECHNICAL	ATI-RTC 8, BAYBAY CITY, LEYTE		
Kalusugan in ATIng #JuanAtJuana Bigyang Hala	ga	03/22/2022	03/22/2022	8	TECHNICAL	ATI-RTC 8, BAYBAY CITY, LEYTE		
	(Con	tinue on separate s	heet if necessary)					
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
HOUSEKEEPING SKILLS	N/A					N/A		
DRIVING SKILLS								
BASKETBALL								
	(Con	tinue on separate s	heet if necessary)					
SIGNATURE	SIGNATURE			DA	ATE	June 16, 2023 CS FORM 212 (Revised 2017), Page 3 of 4		

34.	Are you related by consanguinity or affinity to the appointing of 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? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ ☐ YES ☑ 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 any any court or tribunal?	y law, decree, ordinance or regulation by	☐ 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, fir in the public or private sector?	-	☐ YES ☑ If YES, give details:	☑ NO					
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	☐ 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 of	☐ YES ☑ NO If YES, give details:							
39.	Have you acquired the status of an immigrant or permanent r	☐ YES ☑ NO If YES, give details (country):							
40.	40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:								
a.	Are you a member of any indigenous group?		☐ YES ☑ NO If YES, please specify:						
b.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:						
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	/appointee)							
	NAME	ADDRESS	TEL. NO.						
Е	NGR. MARLON BURLAS	VSU - GSD							
Н	AZEL GRACE T. TAGANAS	ATI-RTC VIII	(053) 5638-933	(0)					
DR. DENNIS P. PEQUE VSU - CFES				-					
42.	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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.								
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	\bigcirc							
G	overnment Issued ID: TIN								
H	/License/Passport No.: 482-438-875-000	DOX)							
Da	ate/Place of Issuance: 04/21/2017 Ormoc City		Right Thumbmark						
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued go	vernment ID as indicated above.					
		Person Administering Oatl	า						