CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SHEET	
WARNING: Any misrepreser concerned.	ntation made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the filing of administrative/o	riminal case/s against the person
READ THE ATTACHED GUIL	DE TO FILLING OUT THE PERSONAL DATA SHI	EET (PDS) BEFORE ACCOM	PI ISHING THE PAS EARM	
I. PERSONAL INFORMAT	xes (1) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE. 1. CS D No	(Do not fill up. For CSC use only
2. SURNAME	PATONONA			
FIRST NAME	REX			NAME EXTENSION (JR., SR)
MIDDLE NAME	MARANGUIT			
3. DATE OF BIRTH (mm/dd/yyyy)	08/05/1981	16, CITIZENSHIP	Filipino	Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize	enship.	by birth by naturalization Pls. indicate country:
5. SEX	☑ Male ☐ Female	please indicate the d		r is. indicate courts y.
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		
U GITE STATES	☐ Widowed ☐ Separated		House/Black/Lat No.	Street
	Other/s:		Subdivision/Village	PANGASUGAN Barangay
7. HEIGHT (m)	1.651	1	BAYBAY CITY	LEYTE
8. WEIGHT (kg)	65	ZIP CODE	City/Municipality	Province 6521
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		0021
0. GSIS ID NO.	2006416565		House/Block/Lot No.	Street PANGASUGAN
u. osis ib no.	2006416363		Subdivision/Village	Barangay
11, PAG-IBIG ID NO.	1212-0504-2687		BAYBAY CITY City/Municipality	LEYTE Province
12. PHILHEALTH NO.	13-000103507-0	ZIP CODE	Conjunction	6521
3. SSS NO.	N/A	19. TELEPHONE NO.		N/A
4. TIN NO.	943-262-609	20. MOBILE NO.		N/A
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	rexpatono	ona1@gmail.com
I. FAMILY BACKGROUN				
2. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and	list all) DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A		, , , , , , , , , , , , , , , , , , ,	
EMPLOYER/BUSINESS NAME	N/A			10-10-10-10-10-10-10-10-10-10-10-10-10-1
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
4. FATHER'S SURNAME	PATONONA			
FIRST NAME	CONSTANCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RALLOS			

VERONICA MIDDLE NAME **ESPENOSA** (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ UNITS EARNED (if not graduated) NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE YEAR GRADUATED ACADEMIC HONORS LEVEL (Write in full) (Write in full) From To RECEIVED ELEMENTARY PANGASUGAN ELEMENTARY SCHOOL **ELEMENTARY EDUCATION** 1987 1992 GRADUATED 1993 N/A SECONDARY **BUNGA NATIONAL HIGH SCHOOL** SECONDARY EDUCATION 1993 1996 GRADUATED 1997 N/A VOCATIONAL / **TECHNICAL EDUCATION AND SKILLS** NC II ORGANIC AGRICULTURE 2021 2021 DEVELOPMENT AUTHORITY 2021 TRADE COURSE N/A PRODUCTION **BACHELOR OF SCIENCE IN** COLLEGE LEYTE STATE UNIVERSITY 1998 1999 46 UNITS N/A N/A AGRICULTURAL EDUCATION **GRADUATE STUDIES** N/A N/A N/A N/A N/A 31-SIGNATURE DATE

SURNAME

FIRST NAME

MARANGUIT

NAME OF TAXABLE PARTY.	STEEN WOLL BANK						11 35 F-00'	Quality of the last	
	SPECIAL LA	1080 (BOARD/BAR) UNDER WS/CES/CSEE ITY/DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMIN	IATION / CONFE	RMENT	LICENSE (if a	Date of Validity
	N/A	۸	N/A	N/A		N/A			
-									
					/ /				
V. WORK	EXPERIENCE		(Col	ntinue on separate sheet i	r necessary)				
(Include pri	vate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attache	d Work Expe			
	LUSIVE DATES mm/dd/yyyy)	POSITION T		DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOVT SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full/	Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
01/02/2024	PRESENT	ADMINISTRATIV	/E AIDE I	VISAYAS STA	ATE UNIVERSITY	13000.00	SG-1	CASUAL	Y
02/03/2014	01/02/2024	UTILITY WORKER	R (BINDER)	VISAYAS STA	ATE UNIVERSITY	11000.00		JOB ORDER	Y
							_		
					78-7-1				
								-	
			-						
								- 1-2-2-2	
Y									
				- 10 m and 1	Name of Street Street Street				
								2	
							9		
							11		
									5
		115	(Conti	nue on separate sheet if r	necessary)				
SIGNA	ATURE	Pell	<u> </u>		DATE	07-	- 31-		
		7					CS	ORM 212 (Revised 201	7) Page 2 of 4

SOUND TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONSTRANNING PROGRAMS (White in Sal) **PORT** **PORT*	VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	T/PEOPLE/	VOLUNTARY	ORGANIZATIO	IN/S	SERVICE CONTRACTOR OF THE PARTY
NA.	29. NAME & ADDRESS OF C	ORGANIZATION	INCLU (mi	USIVE DATES nm/dd/yyyy)		1	POSITION / NATURE OF WORK
32. TITLE OF LEARNING AND DEVEL COMMENT TESTISHORTHORNING PROCRAMS (NOTE IN THE COMMENT TO THE C	N/A			Contract of the Contract of th	N/A	N/A	
32. TITLE OF LEARNING AND DEVEL COMMENT TESTISHORTHORNING PROCRAMS (NOTE IN THE COMMENT TO THE C	- College				+		-
32. TITLE OF LEARNING AND DEVEL COMMENT TESTISHORTHORNING PROCRAMS (NOTE IN THE COMMENT TO THE C				+	+		
32. TITLE OF LEARNING AND DEVEL COMMENT TESTISHORTHORNING PROCRAMS (NOTE IN THE COMMENT TO THE C				+	+		
30. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 31. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 32. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 33. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 34. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 36. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 37. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 38. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 38. TITLE OF LEARN		THE STATE OF THE S	-		1	-	
30. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 31. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 32. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 33. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 34. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (Nothing 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 35. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 36. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 37. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 38. TITLE OF LEARNING AND DEVELOPMENT ENTERPRINGENCE PROGRAMS (NOTHING 1-16) 38. TITLE OF LEARN	-		-		_		
32. TITLE OF LEARNING AND DEVEL COMMENT TESTISHORTHORNING PROCRAMS (NOTE IN THE COMMENT TO THE C			-				
32. TITLE OF LEARNING AND DEVEL COMMENT TESTISHORTHORNING PROCRAMS (NOTE IN THE COMMENT TO THE C		(Cr	entique on separe	-to sheat if necessa			
### ATTENDRY MARCHINE PROJUCTION MARCHINE PROGRAMS MARCHINE MARCHINE PROJUCTION MARCHINE PROJUCTION	VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P	ROGRAMS A	TTENDED))		· · · · · · · · · · · · · · · · · · ·
INDIGENS STUDENTS ON-THE-LOSE TRAINING -STAFF, PRESERVATION AND BINDERY 021772025 200 0 TECHNICAL LETTE HORMAL UNIVERSITY			ATTE	TENDANCE	NUMBER OF HOURS	(Managerial/	CONDUCTED/ SPONSORED BY
SECTION WELLS TUDENTS ON-THE-JOB TRANNOR -STAFF, PRESERVATION AND BINDERY SECTION WELLS TUDENTS ON-THE-JOB TRANNOR -STAFF, PRESERVATION AND BINDERY SECTION PERSONAL EFFECTIVENESS: A JOURNEY TO SELF-EMPOWERMENT SOPPLIZED POULTRY MANAGEMENT AND PRACTICES VITS-20223 VITS-20223 VITS-20223 VITS			From	700 C C C C C C C C C C C C C C C C C C			(Who II Ney
SECTION 1994/00/14 1994/00/14 1994/00/14 14 14 14 14 14 14 14	SECTION		02/17/2025	03/15/2025	200.0	TECHNICAL	LEYTE NORMAL UNIVERSITY
POULTRY MANAGEMENT AND PRACTICES 9195233 9195233 8.00 MANAGEMAN. SEATHS UNVERSITY SO 8912915 ANNARENESS SEMPAR 89102022 80112915 ANNARENESS SEMPAR 89102022 80112915 ANNARENESS SEMPARENESS SEMPAR 89102022 80112915 ANNARENESS SEMPARENESS SEMPARENES 89102022 80112915 ANNARESEMBLIADO AT OBLIGASYON SA PAMELYA 89102022 80112915 ANNARESEMBLIADO AT OBLIGASYON SA PAMELYA 89102021 80112915 80112915 80 MANAGEMAL 10 10 10 10 10 10 10 10 10 10 10 10 10 1	SECTION		05/06/2024	05/24/2024	200.0	TECHNICAL	
SIGN SIGN SAMARENESS REAMAR SIGN SIGN SAME SAME STATE AND ART SA RESPONSIBILIDAD AT OBLICASYON SA PAMILYA OB14/2022 SIGN SIGN SAMARENESS REAMAR SIGN SIGN SAMA SESPONSIBILIDAD AT OBLICASYON SA PAMILYA OB14/2022 SIGN SIGN SIGN SAMARENESS REAMAR SIGN SIGN SIGN SIGN SAMARENESS SEMMAR SIGN SIGN SIGN SIGN SIGN SIGN SAMARENESS SEMMAR SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN		IEY TO SELF-EMPOWERMENT	05/28/2024	05/30/2024	24.0	MANAGERIAL	
COLLAKRHANG TAPAT SA RESPONSIBILIDAD AT OBLIGASYON BA PAMILYA MATROPAT TANANG MATROPAT MAT	POULTRY MANAGEMENT AND PRACTICES		01/15/2023	01/15/2023	8.00	MANAGERIAL	VISAYAS STATE UNIVERSITY
GRATIFICAL TITURE PRODUCTION NO II ORGANIC ASRICULTURE PRODUCTION NO III ORGANIC ASRICULTURE PRODUC	The second consultation is against the supply of the second secon		08/30/2022	08/31/2022	16,0	MANAGERIAL	VISAYAS STATE UNIVERSITY
GENDER SENSITIVITY TRAINING FOR THE ADMINISTRATIVE AND SUPPORT STAFF 99/11/2018 90/11/2019 90/11/20	(KATROPA) TRAINING	BLIGASYON SA PAMILYA	06/14/2022	06/14/2022	8.0	MANAGERIAL	
RFID LIBRARY SYSTEMS START-UP TRAINING 958932918 958932818 958932818 958932818 958932818 958932818 958932818 958932818 958932818 958932818 9589	ORGANIC AGRICULTURE PRODUCTION NC II		07/23/2021		232.0	TECHNICAL	DEVELOPMENT AUTHORITY
(Confiner on sepands about Emocrossory) TILL OTHER INFORMATION 31. SPECIAL SILES PHOBBES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Who in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A N/A N/A N/A N/A N/A N/		RATIVE AND SUPPORT STAFF	09/11/2018	09/11/2018	8,0	MANAGERIAL	VISAYAS STATE UNIVERSITY, GENDER AND DEVELOPMENT (GAD)
Confine on apparts about if necessary Confine on apparts about if necessary	RFID LIBRARY SYSTEMS START-UP TRAINING		05/03/2018	05/03/2018	8.0	TECHNICAL	Market and the second s
Confine on apparts about if necessary Confine on apparts about if necessary							
(Confinite on separate sheet if recessary) All. OTHER INFORMATION 31. SPECIAL SATISFIED HOBBES 22. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Wite in Mg) EXCELLENT TIME MANASEMENT SKILLS N/A N/A N/A N/A N/A N/A N/A N/		-					
(Confinite on separate sheet if recessary) All. OTHER INFORMATION 31. SPECIAL SATISFIED HOBBES 22. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Wite in Mg) EXCELLENT TIME MANASEMENT SKILLS N/A N/A N/A N/A N/A N/A N/A N/							
(Confinue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SIZES and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Confinue on separate sheet if necessary) (Confinue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) TO PROVIDE A CONTINUE OF THE PROPERTY OF THE PROP	1-1						
(Confinue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SIZES and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Confinue on separate sheet if necessary) (Confinue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) TO PROVIDE A CONTINUE OF THE PROPERTY OF THE PROP						F	
(Confinue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SIZES and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Confinue on separate sheet if necessary) (Confinue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) TO PROVIDE A CONTINUE OF THE PROPERTY OF THE PROP						1000	
(Confinue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SIZES and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Confinue on separate sheet if necessary) (Confinue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) TO PROVIDE A CONTINUE OF THE PROPERTY OF THE PROP							
(Confinue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SIZES and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Confinue on separate sheet if necessary) (Confinue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) TO PROVIDE A CONTINUE OF THE PROPERTY OF THE PROP							
(Confinue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SIZES and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) EXCELLENT TIME MANAGEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Confinue on separate sheet if necessary) (Confinue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) TO PROVIDE A CONTINUE OF THE PROPERTY OF THE PROP				2.25.			
(Continue on separate sheet if necessary) 7/11. OTHER INFORMATION 31. SPECIAL SRIES and HOBBES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) 34. N/A EXCELLENT TIME MANA SEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Continue on separate sheet if necessary) (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) 34. N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Continue on separate sheet if necessary)				0.1 .57			
31. SPECIAL SKELS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION EXCELLENT TIME MANA SEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Continue on separate short if accessed)	<u> </u>			V-01	27		
31. SPECIAL SKELS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION EXCELLENT TIME MANA SEMENT SKILLS N/A N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Continue on separate short if accessed)		(Con	tions on separate	-hant if nacospary			
EXCELLENT TIME MANAGEMENT SKILLS N/A OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Continue on separate sheef if recogner)	VIII. OTHER INFORMATION		linte on sep	Silver in house of			
OPERATING BINDERY EQUIPMENT EXCELLENT BINDERY OPERATION SKILLS (Continue on securate sheef if recognor)	31. SPECIAL SKILLS and HOBBIES	32. NON-			NITION		
EXCELLENT BINDERY OPERATION SKILLS (Continue on securate sheef if recognity)	EXCELLENT TIME MANAGEMENT SKILLS		N//	A			N/A
(Continue on securate sheet if recognize)	OPERATING BINDERY EQUIPMENT						
SIGNATURE (Continue on separate sheef if necessary) DATE OF-31-25	EXCELLENT BINDERY OPERATION SKILLS						
SIGNATURE Continue on separate sheef necessary DATE DATE 07-31-25							
SIGNATURE Continue on separate sheef necessary DATE OF-31-25							
SIGNATURE Continue on separate sheet if necessary) DATE 07-31-25							
SIGNATURE Continue on separate sheet If necessary) DATE 07-31-25					- W		
	SIGNATURE	Conti	nue on separate s	sheet if necessary)		TE	07-31-25

CS FORM 212 (Revised 20)

chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed,	ing or recommending authority, or to the ate supervision over you in the Office,		
a. within the third degree?		☐ YES	✓ NO
b. within the fourth degree (for Local Government Unit - C	Career Employees)?	☐ YES	☑ NO
		If YES, give deta	
35. a. Have you ever been found guilty of any administrative	offense?	☐ YES	✓ NO
		If YES, give deta	Named
b. Have you been criminally charged before any court?		YES	☑ NO
		If YES, give deta	
		Date Filed Status of Case/s:	
11		Status of Case/s.	
36. Have you ever been convicted of any crime or violation of any court or tribunal?	any law, decree, ordinance or regulation by	☐ YES	☑ NO
any court of thousand.		If YES, give deta	ils:
37. Have you ever been separated from the service in any of		YES	✓ NO
dropped from the rolls, dismissal, termination, end of term	n, finished contract or phased out (abolition) in	If YES, give deta	ils:
the public or private sector?			
38. a. Have you ever been a candidate in a national or local e	election held within the last year (except	☐ YES	✓ NO
Barangay election)?		If YES, give det	ails:
b. Have you resigned from the government service during	the three (3)-month period before the last	☐ YES	✓ NO
election to promote/actively campaign for a national or loc	cal candidate?	If YES, give det	ails:
39. Have you acquired the status of an immigrant or permane	ent resident of another country?	☐ YES	□ NO
		If YES, give deta	Beaut
			(000.0)
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N	Magna Carta for Disabled Persons (RA 7277):		
and (c) Solo Parents Welfare Act of 2000 (RA 8972), plea			
a. Are you a member of any indigenous group?		Transact Communication	*****
		VEC	I NO
January St. and Manager St. and St. an		YES If YES, please speci	fy:
b. Are you a person with disability?		If YES, please speci	fy:
b. Are you a person with disability?		If YES, please speci	fy:
		If YES, please speci YES If YES, please speci YES	fy: NO fy ID No: NO
b. Are you a person with disability?		If YES, please speci YES If YES, please speci	fy: NO fy ID No: NO
b. Are you a person with disability?		If YES, please speci YES If YES, please speci YES	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent?		If YES, please speci YES If YES, please speci YES	fy: NO fy ID No: NO
 b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME 	cant /appointee) ADDRESS	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO.	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consenguinity or affinity to applic	sant /appointee)	If YES, please speci YES If YES, please speci YES If YES, please speci	fy: NO fy ID No: NO
 b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME 	cant /appointee) ADDRESS	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO.	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO	ADDRESS BAYBAY CITY USA	If YES, please speci YES If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN	ADDRESS BAYBAY CITY USA ORMOC CITY	If YES, please speci	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplish	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tr	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the I	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of personal statement pursuant pursuant to the provisions of personal statement pursuant pursuant pursuant pursuant pursuant p	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the d herein.	fy: NO fy ID No: NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representations.	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the d herein.	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me.	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the d herein.	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the d herein.	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this document agree that any misrepresentation made in this document and in this document agree that any misrepresentation made in this document agree that any misrepresentation agree that agree that agree the agree that	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the d herein.	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this deadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the d herein.	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this document agree that any misrepresentation made in this document agree that agree the provision of the pro	ADDRESS BAYBAY CITY USA ORMOC CITY ned this Personal Data Sheet which is a tritinent laws, rules and regulations of the lesentative to verify/validate the contents state	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I e the filling of	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.a.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID:	ADDRESS BAYBAY CITY USA ORMOC CITY med this Personal Data Sheet which is a tritinent laws, rules and regulations of the I assentative to verify/validate the contents state occurrent and its attachments shall cause Signature (Sign Inside the book of the Instantance of the Inst	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I the filling of	fy: NO NO NO REX M: PATCNONA
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.:	ADDRESS BAYBAY CITY USA ORMOC CITY med this Personal Data Sheet which is a tr rtinent laws, rules and regulations of the I escentative to verify/validate the contents state occurrent and its attachments shall cause Signature (Sign inside the bo	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I the filling of	fy: NO NO NO NO NO
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.: Date/Place of Issuance:	ADDRESS BAYBAY CITY USA ORMOC CITY The dispersional Data Sheet which is a tractionent laws, rules and regulations of the I desentative to verify/validate the contents state occurrent and its attachments shall caused Signature (Sign inside the both Date Accomplished)	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I e the filling of	fy ID No: NO fy ID No: REX M. PATCNCNA Right Thumbmark
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.:	ADDRESS BAYBAY CITY USA ORMOC CITY The dispersional Data Sheet which is a tractionent laws, rules and regulations of the I desentative to verify/validate the contents state occurrent and its attachments shall caused Signature (Sign inside the both Date Accomplished)	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I e the filling of	fy: NO NO NO REX M: PATCNONA
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.: Date/Place of Issuance:	ADDRESS BAYBAY CITY USA ORMOC CITY The dispersional Data Sheet which is a tractionent laws, rules and regulations of the I desentative to verify/validate the contents state occurrent and its attachments shall caused Signature (Sign inside the both Date Accomplished)	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I e the filling of	fy ID No: NO fy ID No: REX M. PATCNCNA Right Thumbmark
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.: Date/Place of Issuance:	ADDRESS BAYBAY CITY USA ORMOC CITY The dispersional Data Sheet which is a tractionent laws, rules and regulations of the I desentative to verify/validate the contents state occurrent and its attachments shall caused Signature (Sign inside the both Date Accomplished)	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I e the filling of	fy ID No: NO fy ID No: REX M. PATCNCNA Right Thumbmark
b. Are you a person with disability? c. Are you a solo parent? 41. REFERENCES (Person not related by consanguinity or affinity to applic NAME ANDRELI PARDALES MARIEL L. GARRIDO PAMELA PAGALAN 42. I declare under oath that I have personally accomplist complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized representation made in this docadministrative/criminal case/s against me. Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: ID/License/Passport No.: Date/Place of Issuance:	ADDRESS BAYBAY CITY USA ORMOC CITY The dispersional Data Sheet which is a tractionent laws, rules and regulations of the I desentative to verify/validate the contents state occurrent and its attachments shall caused Signature (Sign inside the both Date Accomplished)	If YES, please speci YES If YES, please speci YES If YES, please speci TEL. NO. 9176745008 9991057669 9263680284 ue, correct and Republic of the dherein. I e the filling of	fy ID No: NO fy ID No: REX M. PATCNCNA Right Thumbmark