CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

concerned.	tion made in the Personal Data Sheet and the	•		_		/criminal case/s	against the po	erson
	TO FILLING OUT THE PERSONAL DATA SHI				1. CS ID No.	<u> </u>	(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO							<u> </u>	
2. SURNAME	NOVIO							
FIRST NAME	GLYCEL KYLE					NAME EXTENSION (JR	R., SR)	
MIDDLE NAME	PATIGDAS							
3. DATE OF BIRTH	8/18/1999	16. CITIZENSHIP						
(mm/dd/yyyy)	0/10/1000	io. omizzionii						
4. PLACE OF BIRTH	LAPU-LAPU CITY, CEBU	If holder of dual citize	nship,			Pls. indicate cou	ntry:	
5. SEX		please indicate the d	etails.					
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS		ı		30 DI	E DECIEMBRE S	iT.
			Hou	se/Block/Lot N	0.	В	Street RGY. ZONE 23	
		_		odivision/Village	Э		Barangay	
7. HEIGHT (m)	1.50 m			BAYBAY CITY ty/Municipality			LEYTE Province	
8. WEIGHT (kg)	50 kg	ZIP CODE						
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Hou	se/Block/Lot N	•	30 1	DE DECIEMBRE	ST.
10. GSIS ID NO.		1				В	Street RGY. ZONE 23	
11. PAG-IBIG ID NO.		-	BAYBAY C		9		Barangay LEYTE	
12. PHILHEALTH NO.	122513564129	ZIP CODE	Ci	ity/Municipality			Province	
13. SSS NO.	06-4356018-5	19. TELEPHONE NO.						
14. TIN NO.	769-379-815-000	20. MOBILE NO.						
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)						
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME			23. NAME of CH	ILDREN (Write	e full name and	l list all)	DATE OF BIRT	ΓH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)						
MIDDLE NAME		1						
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	NOVIO							
FIRST NAME		NAME EXTENSION (JR., SR)						
MIDDLE NAME	ABELLA							
25. MOTHER'S MAIDEN NAME	PATIGDAS							
SURNAME	NOVIO							
FIRST NAME	RESCEL							
MIDDLE NAME	CABRERA			(Co	ontinue on se	parate sheet if neces	ssary)	
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/C		PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
	(Write in full)		(Write in full)	From	То	(if not graduated)	GIVADUATED	RECEIVED
ELEMENTARY	BAYBAY II CENTRAL SCHOOL FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	GRADE SCHOOL		1	3		2010	NONE
				_			_	

FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1	4		14	NONE		
FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	COLLEGE GRADUATE (BACHELOR OF SCIENCE IN ELEMENTARY EDUCATION)	1	4		2019	1		
(Continue on separate sheet if necessary)								
			TE		April 21, 2021			
	CONCEPTION FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	FRANCISCAN COLLEGE OF THE IMMACULATE COLLEGE GRADUATE (BACHELOR OF SCIENCE IN ELEMENTARY EDUCATION)	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION CONCEPTION CONCEPTION CONCEPTION CONTINUE ON SEPARATE Sheet if necessary)	CONCEPTION HIGH SCHOOL 1 4 FRANCISCAN COLLEGE OF THE IMMACULATE COLLEGE GRADUATE (BACHELOR OF SCIENCE IN ELEMENTARY EDUCATION) 1 4	FRANCISCAN COLLEGE OF THE IMMACULATE COLLEGE GRADUATE (BACHELOR OF SCIENCE IN ELEMENTARY EDUCATION) (Continue on separate sheet if necessary)	FRANCISCAN COLLEGE OF THE IMMACULATE COLLEGE GRADUATE (BACHELOR OF SCIENCE IN ELEMENTARY EDUCATION) (Continue on separate sheet if necessary)		

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IV. CIVIL	SERVICE ELIG	GIBILITY							
27. CAR	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	_
	AL LAWS/ CES/ CSE BARANGAY ELIGIBII	E LITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
	N/	A							
			(Cor	ntinue on separate sheet	if necessary)				
	EXPERIENCE		twork) Population	of duties about he	indicated in the attached	I Mork Even	rionae abeet		
28. INCI	LUSIVE DATES	nt. Start from your recent	WOLK) Description	DEPARTMENT / AGENC			SALARY/ JOB/ PAY GRADE (if		SERVICE
From	mm/dd/yyyy)	abbreviate	(Write in full/Do not e)		(Write in not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	
6/10/2019	3/18/2020	PRIVATE SCHOOL TE		SAINT VINCENT	Γ LEARNING CENTER	8000.00	7,590	RESIGNED	N
		TWO ADVI	<u>SER</u>						
									<u> </u>
									<u> </u>
	-								
									-
									
									
									<u> </u>
	-								

(Continue on separate sheet if necessary)								
SIGNA	TURE			DATE		04/21/2021		

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VI. \	OLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			ORGANIZATIO	ON/S		
29.	NAME & ADDRESS OF ORGANIZATION (Write in fu	ull)	From	(mm/dd/vvvv) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								
VII.	LEARNING AND DEVELOPMENT (L&D)		tinue on separate s ROGRAMS A					
(Start	from the most recent L&D/training program and include	de only the relevant L&D/training taken for			nief/Executive/Man	agerial positions)		
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVEN (Write in		INCLUSIVE ATTENDANCE (mm	/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full))
N/A								
	N/A							
			tinuo on consect	phoet if page				
VIII.	OTHER INFORMATION	(Cont	tinue on separate s	meet ir necessary,				
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	ECOGNITION	(Write in full)			MEMBERSHIP IN ASSOCIATION/OR 33. in full)	RGANIZATION (Write
	ENCODING		N/A				N/A	
	WRITING							

	(Continue on separate sheet if necessary)						
SIGNATURE		DATE	04/21/2021				

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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?			
	b. within the fourth degree (for Local Government Unit - Car	reer Employees)?		
	, ,	, ,	If YES, give details:	
35.	a. Have you ever been found guilty of any administrative off	fense?		
	, , ,		If YES, give details:	
	b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:		
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	ny law, decree, ordinance or regulation	If YES, give details:	
37.	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	If YES, give details:		
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	If YES, give details:		
	b. Have you resigned from the government service during the last election to promote/actively campaign for a national or l	If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent	t resident of another country?		
	, , ,	ŕ	If YES, give details (country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mar 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	-		
a.	Are you a member of any indigenous group?			
h	Assessment Mark Production		If YES, please specify:	
b.	Are you a person with disability?		If YES, please specify II	D No:
C.	Are you a solo parent?		If YES, please specify II	
41.	REFERENCES (Person not related by consanguinity or affinity to applican	it /appointee)		
	NAME	ADDRESS	TEL. NO.	
	ARACELI C. PATIGDAS	30 DE DECIEMBRE ST.	563-9008	ID picture taken within the last 6 months
	ARACELI C. PATIGDAS	30 DE DECIEMBRE 31.	303-9008	3.5 cm. X 4.5 cm (passport size)
				With full and handwritten name tag and signature over printed name
42.	Solves and self-see passively exceptible for Properties Shedwidth is that provided complete delevations of providing distributions, this and applicant for Register Subvision to applications of the Properties Subvision to applications of the P	og hadrafoldstrepsveridet i enfrådda til stedet stat hen. — I gan häny neupsveridet mak it til dissection i adolesis sk	d cause the filing of administrated between cases's applications.	Computer generated or photocopied picture is not acceptable
				PHOTO
ע	PLEASE INDICATE ID Number and Date of	GLYCEL KYLE P. N	OVIO	
G	overnment Issued ID:			
IC	D/License/Passport No.:	Signature (Sign inside the	hox)	
	ata/Diago of Jacuanas	04/21/21	VVA)	

Date/Fidde of Issualice.	Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	<u>, a</u> ffiant exhibiting his/her validly issued gove	ernment ID as indicated above.
	Person Administering Oath	

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