cs	Fori	n N	lo.	212
Rev	rised	201	7	

## PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned. , 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. 1. CS ID No. (Do not fill up. For CSC use only 2. SURNAME GUMALING NAME EXTENSION (JR., SR) FIRST NAME BON THEOFILE MIDDLE NAME CASICAS 3. DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) 06/02/1998 by birth by naturalization 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: CAGAYAN DE ORO CITY please indicate the details ☐ Female 5. SEX Male Male ✓ Single 17. RESIDENTIAL ADDRESS Married 6 CIVIL STATUS PUROK 4 House/Block/Lot No. Street Widowed Separated SITIO LOOC GUINACOT Other/s: Barangay Subdivision/Village GUINDULMAN BOHOL 7. HEIGHT (m) 1.6 Province Citw/Municipality 8. WEIGHT (kg) ZIP CODE 75 06310 18. PERMANENT ADDRESS ESCALERA 307 9. BLOOD TYPE 0+ House/Block/Lat No. Street CALANAWAN TANKULAN 10. GSIS ID NO. Subdivision/Village Barangay MANOLO FORTICH BUKIDNON 11. PAG-IBIG ID NO. City/Municipality Province 12. PHILHEALTH NO. ZIP CODE 08705 19. TELEPHONE NO. 13. SSS NO. 14. TIN NO. 20. MOBILE NO. (953) 675-2953 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) bontheofilegumaling.dvm@gmail.com FAMILY BACKGROUND DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO GUMALING 24. FATHER'S SURNAME BEA LUALHATI GUMALING PUERTO 11/24/1990 NAME EXTENSION (JR., SR) FIRST NAME NOEL BEAU THEODORE CASICAS GUMALING 03/24/2024 MIDDLE NAME INANDAM 25 MOTHER'S MAIDEN NAME CONCEPCION SIMOGAN CASICAS SURNAME GUMALING FIRST NAME CONCEPCION MIDDLE NAME (Continue on separate sheet if necessary) CASICAS **EDUCATIONAL BACKGROUND** SCHOLARSHIP LEVEL/ 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE YEAR ACADEMIC LEVEL UNITS GRADUATED HONORS (Write in full) (Write in full) EARNED From То RECEIVED (If not ELEMENTARY 06/2004 03/2010 DEL MONTE SCHOOL 2010 5TH SECONDARY GUSA REGIONAL SCIENCE HIGH SCHOOL - X 06/2010 03/2014 2014 ATHLETE OF THE YEAR VOCATIONAL / TRADE COURSE COLLEGE CENTRAL MINDANAO UNINERSTOR OF VETERINARY MEDICINE 4 06/2022 2022 GRADUATE STUDIES UNIVERSITY OF SOUTHER CONTINUE CONTINUE

IV. CIVIL SERVICE ELIGIBILITY									
27 CAPEER SERVICE/ RA 4000 (POARD) DATE OF LICENSE (if applicable							applicable)		
	SPECIAL LA	AWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of Validity	
VETERINA	RY MEDICI	NE LICENSURE EXA	MINATION	09/27/2022	CAGAYAN DE ORO CITY			0011477	06/02/25
LTO DRIVER'S LICENSE		A, A1, B, B1, B2	06/02/2024 CAGAYAN DE ORO		CITY		K02-15-0127	<mark>08</mark> /02/33	
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V WORK	EXPERIENC	EF.	(Contin	ue on separate sheet if n	ecessary)				
		nent. Start from your red	cent work) Descrip	tion of duties shoul	d be indicated in the at	tached V	Vork Experie	nce sheet.	
	SIVE DATES n/dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0')/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
10/22/22	04/20/23	ANIMAL HEALTH & S	LAUGHTER SUF	BRVISORTE PHI	LIPPINES, INC.	\$30.00	0.00	REGULAR	N
06/21/23	01/22/24	VETERINARIAN			OCTORS' HOSPITAL	840100	(B))	REGULAR	N
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SIGNA	TURE	03/05/2024	Continu	ue on separate sheet if ne	DATE	03/05/2	024		
		4				30.0012		ORM 212 (Revised 20	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NO	N-GOVERNM	ENT / PEOPL	E/VOLUNTAI	RY ORGANIZATION/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То				
VENERABLE KNIGHT VETERINARIAN FR	ADE/1981/2016	03/05/2024		MEMBER		
MANOLO FORTICH HORSEMEN ASSOCIA	708/1N7/2020	03/05/2024		MEMBER		
	<b>=</b>	<b>=</b>				
	ā	ā				
	<b>=</b>	<b>=</b>				
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AND DEVELOPMENT (LAD		nue on separate si		IC ATTENDED		
VII. LEARNING AND DEVELOPMENT (L&D)					Chieff was time file and it was it was	
(Start from the most recent L&D/training program and included)		DATES OF	n for the last five	(5) years for Division Type of LD	n Criteriexecutive managerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)	From	To		Technical/etc)	` '	
ANIMAL WELFARE SEMINAR	<b>=</b>	<u> </u>			BUREAU OF ANIMAL INDUSTRY	
	=	=				
	=	<b>=</b>				
		<b>=</b>				
	(Contin	iue on separate sh	eet if necessary)			
VIII. OTHER INFORMATION	Į sama					
	NON	-ACADEMIC DISTI	NCTIONS / RECOG	NITION	MEMBERSHIP IN	
31. SPECIAL SKILLS and HOBBIES	(Write in full)			33. ASSOCIATION/ORGANIZATION (Write in full)		
VETERINARY SURGICAL PROCEDURES	EQUINE SURGERY				MANOLO FORTICH HORSEMEN ASSOCIATION	
FOOTBALL	ATHLETE OF THE YEAR				VENERABLE KNIGHT VETERINARIA FRATERNITY	
RODEO	DMPI RODEO TEAM				VET POSSE COMITATUS - DODGE	
					LGU MANOLO FORTICH RODEO TE	
	Conti	versied by pdffiller	eet if necessary)			
SIGNATURE	S.S.	-,,,,,,,,,	Di	ATE	03/05/2024	
					CS FORM 212 (Revised 2017), Page 3 of 4	

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 NO		
b. within the fourth degree (for Local Government Unit - Care	_			
b. within the loanth degree (for Local Government onlit - care	eer Employees):	_	NO N	
		If YES, give detail	S:	
35. a. Have you ever been found guilty of any administrative offe	ense?	☐ YES	<b>☑</b> NO	
30. 2 , c		_		
		If YES, give detail	S:	
		_	_	
b. Have you been criminally charged before any court?		☐ YES	NO 🔀	
		If YES, give detail	S:	
		Date Filed:		<b>=</b>
		Status of Case/s:		
36. Have you ever been convicted of any crime or violation of ar	ny law decree ordinance or	_	_	
regulation by any court or tribunal?	ny iday, doctoo, ordinance of	YES	✓ NO	
regulation by any count of tribunar:		If YES, give detail	S:	
27. Liquip you give been congreted from the position in any of the	o following modes: regionation		_	
37. Have you ever been separated from the service in any of the		YES	□ NO	
retirement, dropped from the rolls, dismissal, termination, en	id of term, finished contract or	If YES, give detail RESIGNATIO	S: N	
phased out (abolition) in the public or private sector?		112010111110		
38. a. Have you ever been a candidate in a national or local elec-	ction held within the last year	☐ YES	M NO	
(except Barangay election)?		If YES, give deta	ils:	
<ul> <li>b. Have you resigned from the government service during th</li> </ul>		☐ YES	⊠ NO	
the last election to promote/actively campaign for a national	or local candidate?	If YES, give deta	ils:	
39. Have you acquired the status of an immigrant or permanent	t resident of another country?	☐ YES	⊠ NO	
		If YES, give detail		
		ii 120, qive detaii	o (country).	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag				
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 88</li> </ol>				
		□ YES	<b>⊠</b> NO	
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8		YES If YES, please specif	⊠ NO 'y:	BUKIDNON/BISAYA
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 88 a. Are you a member of any indigenous group?		If YES, please specif	y:	BUKIDNON/BISAYA
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 88 a. Are you a member of any indigenous group?		If YES, please specif	y: ☑ NO	BUKIDNON/BISAYA
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89)  a. Are you a member of any indigenous group?  b. Are you a person with disability?		If YES, please specif YES If YES, please specif	y: ☑ NO y ID No:	BUKIDNON/BISAYA
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 88 a. Are you a member of any indigenous group?		If YES, please specif     YES If YES, please specif     YES	iy:	BUKIDNON/BISAYA
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89)  a. Are you a member of any indigenous group?  b. Are you a person with disability?		If YES, please specif YES If YES, please specif	iy:	BUKIDNON/BISAYA
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89)  a. Are you a member of any indigenous group?  b. Are you a person with disability?	972), please answer the following	If YES, please specif     YES If YES, please specif     YES	iy:	BUKIDNON/BISAYA
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