CS Form No. 212 Revised 2017							
revisea 2017		PERS	ONAL DA	TA SI	HEET		
WARNING: Any misrepresenta	ntion made in the Personal	Data Sheet and the	e Work Experience Sheet st	nall cause the filin	g of administrative/crimi	nal case/s against the person concerne	
READ THE ATTACHED GUIDE							
Print legibly. Tick appropriate boxes		ecessary. Indicate N/A	A if not applicable. DO NOT AB	BREVIATE.	1. CS ID No.	(Do not fill up. For C	
2. SURNAME	LIMBASAN						
FIRST NAME	MARY ANN				NAN	E EXTENSION (JR., SR)	
MIDDLE NAME	INGUITO						
3. DATE OF BIRTH	11/24/19	97	16. CITIZENSHIP		✓ Filipino □ Di		
(mm/dd/yyyy)	11124110	01	io. on Elitoriii		al Citizenship by birth by naturalization		
4. PLACE OF BIRTH	TUGUIPA, HILONO	GOS, LEYTE	If holder of dual citize	enship,		Pls. indicate country:	
5. SEX	☐ Male	✓ Female	please indicate the o	details.		▼	
6 CIVIL STATUS	✓ Single	Married	17. RESIDENTIAL ADDRESS				
O OIVIL OIVIOO	Widowed	Separated		House/	Block/Lot No.	Street NAGA	
	Other/s:				vision/Village	Barangay	
7. HEIGHT (m)	1.51		_		BATO Municipality	LEYTE Province	
8. WEIGHT (kg)	51		ZIP CODE	65.	25		
9. BLOOD TYPE	А		18. PERMANENT ADDRESS	House	Block/Lot No.	Street	
10. GSIS ID NO.	N/A		-			NAGA	
11. PAG-IBIG ID NO.	N/A		-		vision/Village BATO	Barangay LEYTE	
					Municipality	Province	
12. PHILHEALTH NO.	13-2503231	112-7	ZIP CODE		6525		
13. SSS NO.	06-418365	59-4	19. TELEPHONE NO.		N/A		
14. TIN NO.	502-231-3	311	20. MOBILE NO.		09076788254		
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		maanlimbasan24@gmail.com		
II. FAMILY BACKGROUND							
22. SPOUSE'S SURNAME		N/A	NAM E EXTENSION (JR., SR)	23. NAME of CHILD	REN (Write full name and list a	II) DATE OF BIRTH (mm/dd	
FIRST NAME	N/A		NAME EXTENSION (JR., SR)			N/A	
MIDDLE NAME		N/A		N/A N/A		N/A	
OCCUPATION		N/A				N/A	
EMPLOYER/BUSINESS NAME		N/A		N/A		N/A	
BUSINESS ADDRESS		N/A			N/A	N/A	
TELEPHONE NO.		N/A		N/A		N/A	
24. FATHER'S SURNAME	LIMBASAN				N/A	N/A	
FIRST NAME	ROGELIO		NAME EXTENSION (JR., SR)		N/A	N/A	
MIDDLE NAME	CILLO				N/A	N/A	
25. MOTHER'S MAIDEN NAME					N/A	N/A	
SURNAME	INGUITO				N/A	N/A	
					N/A	N/4	
FIRST NAME	NAZARIA					N/A	

MIDDLE NAME	MIDDLE NAME LOVETE					(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGROUND											
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED			
				From	To	(ii not graduated)					
	NAGA PRIMARY SCHOOL			2004	2008	GRADE 4	N/A	SECOND HONOR			
ELEMENTARY	TAGAYTAY ELEMENTARY SCHOOL	PRIMARY EDUCATION		2008	2010	GRADUATED	2010	VALEDICTORIAN			
SECONDARY	BATO SCHOOL OF FISHERIES	HIGH SCHOOL		2010	2014	GRADUATED	2014	WITH HONORS			
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A			
COLLEGE	VISAYAS STATE UNIVERISTY	BACHELOR OF SCIENCE IN A MAJOR IN AGRONO		2016	2018	GRADUATED	2018	CUM LAUDE			
GRADUATE STUDIES VISAYAS STATE UNIVERISTY MAS		MASTER OF SCIENCE MAJOR	IN AGRONOMY	2018	2021	GRADUATED	2021	N/A			
(Continue on separate sheet if necessary)											
SIGNATURE Many Omn J. Limpbasagn				DATE MARCH 08, 2021				2021			

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	ERVICE ELIG							LICENCE (if a	anliachla)
	SPECIAL LAV	ERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSSE SPECIAL LAWS/ CES/ CSSE (If Applicable) CONFERMENT CONFERMENT DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT		LICENSE (if a	Date of				
- UA	PD 907 - Hone		N/A	N/A	N/A		N/A	Validity N/A	
	10 307 - 11011	or Graduate	N/A	N/A	NIP	`		N/A	N/A
	EXPERIENCE			Continue on separate sho	et if necessary) be indicated in the attached	Work Experi	ence sheet		
INCLU	JSIVE DATES	POSITION T			GENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	CTATUS OF	GOV'T
From	m/dd/yyyy) To	(Write in full/Do not			full/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
9/03/2018	01/16/2019	Bank Tel	ler		ture and Rural Development ank Baybay Branch	PhP 8,175.00		Probation	N
1/05/2021	01/07/2021	Part-time Ins	tructor		nt of Agronomy (DA)	Php 207.70 per hour	N/A	Job Order	Υ
						-			
				Continue on separate she	eet if necessary)				
SIGNA	ATURE	Mary Onn 2	Limbasan		DATE		MARC	H 08, 2021	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)	RGANIZATION	INCLUSIV (mm/di	E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s ROGRAMS AT					
(===)		INCLUSIVE	DATES OF		Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full) 	RVENTIONS/TRAINING PROGRAMS	ATTEN (mm/de	DANCE d/yyyy)	NUMBER OF HOURS	/ Managerial/	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То				
	(Cont	tinue on separate s	sheet if necessary				
VIII. OTHER INFORMATION	COM						
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN (Write	ICTIONS / RECOGN	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Crop care and maintenance							
Fertilizer computation							
Field layout							
Soil sampling							
. •							
	(Coni	tinue on separate s	sheet if necessary)				
SIGNATURE	Mary Onn 2. Limba	2011	лосовы у/	DA	\TE	MARCH 08, 2021 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 immediat Bureau or Department where you will be apppointed,								
	a. within the third degree?	YES	▼ NO						
	•		<u> </u>						
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?		<u>✓</u> NO					
		If YES, give detai	IS:						
35.	a. Have you ever been found guilty of any administrative of	ffense?	YES	▼ NO					
			If YES, give detail	ls:					
	b. Have you been criminally charged before any court?		YES	✓ NO					
			If YES, give detail	15.					
			Date Filed: Status of Case/s:	·					
_			Status of Case/s.						
36.	•	any law, decree, ordinance or regulation	YES	✓ NO					
	by any court or tribunal?		If YES, give detail	ls:					
37.	Have you ever been separated from the service in any of the	ne following modes: resignation,	YES	∀ NO					
	retirement, dropped from the rolls, dismissal, termination, el		If YES, give detai						
	out (abolition) in the public or private sector?								
38.	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	YES	▼ NO					
	Barangay election)?	. , .	If YES, give deta						
	h Have you resigned from the resource at the state of	ha throa (2) manth nariad before the last	. •						
	 b. Have you resigned from the government service during t election to promote/actively campaign for a national or local 	. ,	YES If YES, give deta	✓ NO					
			II 1L3, give deta						
39.	Have you acquired the status of an immigrant or permanen	it resident of another country?	☐ YES ✓ NO						
			If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag								
	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 specif	·					
b.	Are you a person with disability?		YES	✓ NO					
C.	Are you a solo parent?		If YES, please specif						
	Ale you a solo parent:		YES If YES, please specif	✓ NO v ID No:					
44	DEFEDENCES (Deserted by consequent to a first to a self-it to a self-i	at /ai-t\		·					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	I							
	NAME	ADDRESS	TEL. NO.						
	RUTH O. ESCASINAS	BAYBAY CITY, LEYTE	9159626403						
	ANGELA R. ESCOTOTO	BAYBAY CITY, LEYTE	9331703622	000					
42.	I declare under oath that I have personally accomplished								
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repre								
	I agree that any misrepresentation made in this doc	•		PHOTO					
	administrative/criminal case/s against me.								
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)								
I F	LEASE INDICATE ID Number and Date of Issuance								
G	overnment Issued ID: Passport ID	Mary Onn 2. Lin	basan						
ID	/License/Passport No.: P4018861B	ox)							
D.	ate/Place of Issuance: 11/30/19 DFA TACLOBAN								
	1100 0 100	Date Accomplished		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.								
		, aman con note	J	J					
		ı							
1				CS FORM 212 (Revised 2017), Page 4 of 4					