CS Form No. 212								indu.
Revised 2017	PERSO	NAL DAT	A SH	IEE1	Γ			
WARNING A.						deciminal case/s	enainst the p	erson
concerned.	ation made in the Personal Data Sheet and th	ne Work Experience Sheet an	all cause un-	filing or ec.	Millisuau.	VCI IIIII. III.		
Print legibly Tick appropriate house	TO FILLING OUT THE PERSONAL DATA SHEET) and use separate sheet if necessary Indicate	HEET (PDS) BEFORE ACCOM	APPREVIATE	HE PDS FOR	1. CS ID No.		(Do not fill up. Fe	or CSC use only)
Text appropriate boxe	s) and use separate sheet it necessary. Indicat	18 N/A II NOI applicable. DO 1					***	Ker L
2. SURNAME	Esmeño							
FIRST NAME	Genevive					NAME EXTENSION (JR	, SPQ	
MIDDLE NAME								
3 DATE OF BIRTH	Bercero							
(mm/dd/yyyy)	01/03/1989	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by				tion	
4. PLACE OF BIRTH	Brgy. Telegrafo, Tolosa, Leyte	If holder of dual citizens please indicate the det				Pts. indicate o	Dunu y.	
5 SEX	☐ Male ☑ Female		-				rovincial Road	1
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lat No			Street	
	☐ Widowed ☐ Separated ☐ Other/s:			bdivision/Village			Telegrafo Barangay	
7. HEIGHT (m)	5	1 1		Tolosa			Leyto	
8. WEIGHT (kg)		ZIP COD€	a	hyMunicipality		6503	Province	-
BLOOD TYPE	45 kgs	18. PERMANENT ADDRESS					rovincial Road	
		-	Hou	se/Block/Lat No			Street Telegrafo	-
10. GSIS ID NO.	None	4	Sub	Tolosa		-	Barangay Leyte	
11. PAG-IBIG ID NO.	1210-9720-7735		a	ty/Municipality			Province	
12. PHILHEALTH NO.	13-025133903-2	ZIP CODE		8503				
13. 859 NO	06-3230712-6	19. TELEPHONE NO.						
14. TIN NO.	419-542-924-000	20. MOBILE NO.			09	066877929		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (If any)		gen	eviveesr	neno@gmail	com	
N. FAMILY BACKGROUND							Barrier Programme	
22. SPOUSE'S SURNAME	Esmeño	NAME EXTENSION (JR., SR)	23. NAME of CHI	AND THE RESERVE	tel name and	ist oil)		H (mm/dd/yyyy)
FIRST NAME	Ariel	NAME EXTENSION (JPC, SH)			a t look		02/15	/2010
MIDDLE NAME	Mesias				-11	أعسب سيسي	09/17	/2011
OCCUPATION	None		harman arm				04/14	V2019
EMPLOYER/BUSINESS NAME								
BUSINESS ADORESS								
TELEPHONE NO.								
M. FATHER'S SURNAME	Bercero							
FIRST NAME	Roy	NAME EXTENSION (JR., SR)						
MEXILE NAME	Melo							
25. MOTHER'S MADEN NAME								
SUFFRAME	Uy							
FIRST NAME	Elizabeth							
MIDDLE NAME	Benjamin			(Co	intinue on ea	parate sheet if neces	aary)	
III. EDUCATIONAL BAILES		THE RESERVE						
24. LEVEL	NAME OF SCHOOL (Write in Aut)	BASIC EDUCATION/DEGREE	ECOURSE	PETROD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
				From	To	(if not graduated)		RECEIVED
ELEMENTARY	Talografo Elementary School						2001	
SECONDARY	Tolosa National High School						2005	
VOCATIONAL / TRADE COURSE								
CONTEGE	Colegio de Sta Laurdee of Leyte Foundation, Inc.	Bachalor of Science in N	turning				2009	
GRADUATI STUDIES								
SIGNATURE	The second secon	untinue on separate sheet if neces	язагу)		**	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Translation	
SIGNATURE .	·		200	DA	/E	Markey 1	May 24, 2022	

CS FORM 212 (Revised 2017), Page 1 of 4



CAREER	SERVICE PA 440		A STREET					LICENSE (if ap	oplicable)
BARA	SPECIAL LAWS	0 (BOARD/BAR) UNDER 6/CES/CSEE 7/DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	TION / CONFER	MENT	NUMBER	Date of Validity
Nursing	Licensure Boa	ard Examination	77.4	11/20-30/2009	Cebu	City		0696079	01/03/202
Career Se	ervice Professi	onal Examination	80.3	08/07/2017	Dasmarinas	City, Cavite			
		Supplemental Conference of the	(Coi	ntinue on separate sheet i	necessary)		48 % % % % % % % % % % % % % % % % % % %		
. WORK E	XPERIENCE		l Daniel de	on of duties should b	e indicated in the attac	hed Work E	xperience she	e).	
B. INCLU	USIVE DATES nm/dd/yyyy)	POSITION (Write in full/Do no	TITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	То	Nurs		DOH-E\	/CHD RESU			Contractual	Y
09/01/2017	Present 06/02/2019	Customer Service	Total Control of the		Philippines		Market and the	Regular	N
05/01/2014	09/01/2017	Customer Service		Fis Glob	oal Solutions			Regular	N
06/01/2013	10/01/2013	Customer Servi		AVON, Ta	cloban Branch			Regular	N
03/01/2012	02/28/2013	RNHE	ALS	RHI	J Tolosa			Contractual	T
						Alberta de		- March 1	
200						-			
	30	Andrew Carlos							
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P							1 SVE - 5040	to a company	
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	a south		Constitution & Library National Conference on the Conference of the Conference on th						
		A Company		2 R. Carl Mickeys					
	19:00								
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			Annual Control					A. A.	
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						1		Maria de Marida	-
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	- 1	The state of the same	THE RESERVE	Continue on separate shee			pay of calleyes	Shaketark Maria Williams	agript of 17 year
SII	GNATURE				DATE	05/24/2022		S FORM 212 (Revised	(Carrie



NAME & ADDRESS OF C	ORGANIZATION		VE DATES	NUMBER OF HOURS	7.4	POSITION / NATURE OF WORK
(magnitude)		From	To			
		-		-		
					-	
Andrea Inc.						
			-	-	14	
IN THE SECOND SE			sheet if necessar	y)		
II. LEARNING AND DEVELOPMENT (L&C) INTERVENTIONS/TRAINING P	ACCRECATE OF THE PARTY OF THE P	Contract to the second	100000000000000000000000000000000000000		
30. TITLE OF LEARNING AND DEVELOPMENT INT	TERVENTIONS/TRAINING PROGRAMS	ATTE	E DATES OF NDANCE	NUMBER OF HOURS	Type of LD (Managorial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
(Write in fo	uli)	From	dd/yyyy) To		Technical/etc)	
raining on Covid-19 Vaccine AEFI Surveillance		12/23/2021	12/24/2021		Technical	DOH-EVCHD RESU
						Health Core International Consultancy, Inc.
lealthcare Digitalization Strategy: During and post	Pandemic	07/17/2021	07/17/2021		Technical	DOH-EVCHD RESU DMT
Simplified Nested Analytics Using Excel (sNAx) Tra		12/09/2020	12/11/2020		Technical	
Training on Proper Donning and Doffing, Specim Transport for Cov		12/02/2020	12/02/2020		Technical	DOH-EVCHD RESU DMT
Nursing the Mothers and Children to Health amidst		11/28/2020	11/28/2020		Technical	MCNAP
Basic Epidemiology and Surveillance		11/12/2020	11/13/2020		Technical	DOH-EVCHD RESU DMT
	ou Orientation	03/11/2020	03/14/2020	7	Technical	
Acute Flaccid Paralysis (AFP) Surveillance Advoca	cy Orientation		-	-	Technical	DOH-EVCHD RESU AFP PROGRAM GSN Inc
Critical Care Nursing: Code Blue	Market Street, and Street, Str	07/07/2012	07/07/2012			
Must have in a Code	and the same of the same of the	07/07/2012	07/07/2012		Technical	GSN Inc
Nurse's Roles and Responsibility in a Code		07/07/2012	07/07/2012		Technical	GSN Inc
Mind your health: A community Mental Health Pos	t Graduate Course	03/06/2009	03/06/2009		Technical	The Medical City Dept of Psychiatry
Professional Update on "Ethics and Spirituality in	the workplace"	12/07/2007	12/07/2007		Supervisory	ANSAP
				7		
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			14-9-	land de		
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessar	γ) (Δευχία δευχ		
THE THE THE GRAPHON						for any analysis and a second
31. SPECIAL SKILLS and HOBBIES	32. NON		INCTIONS / RECO ite in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Use of Microsoft office					STEEL TO	
Use of Google Sheets				Control of the Contro	A Turning	
Communication Skills						
				Name of Street		
	The state of the s				arreduction	
			The state of			
	1 (a) 1 (b) 1 (c)					
	100	THE SE				
	(Con	tinue on separate	sheet if necessar	y)	W. C. C. C.	A CONTRACTOR OF THE PARTY OF TH
SIGNATURE				D	ATE	05/24/2022

	St Dillon			
	chief of bureau or office or to the person who has immediate	to supporting surrous in the Office		
		te supervision over you in the Office,		
	The Ullin dogges of		□ YES	☑ NO
	b. within the fourth degree (for Local Government Unit - Ca	vener Employees\2	□ YES	☑ NO
	To Local Government Unit - Ca	reer Employees)?	If YES, give deta	
			II 1ES, give deta	ino.
5.	a. Have you guest be		_	An access
	a. Have you ever been found guilty of any administrative of	fense?	☐ YES	☑ NO
			If YES, give deta	ils:
	h House		- WEG	☑ NO
	b. Have you been criminally charged before any court?		☐ YES If YES, give deta	NO.01
			Date Filed:	
			Status of Case/s:	
_				
6.	Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation by		☑ NO
any court or tribunal?			If YES, give deta	ils:
7	Have you ever been separated from the service in any of the	e following modes: resignation	☐ YES	☑ NO
-	retirement, dropped from the rolls, dismissal, termination, er	nd of term, finished contract or phased ou		
	(abolition) in the public or private sector?	er termit manages assured to a region of		
20	Have you ever been a candidate in a national or local electrical electri	ction held within the last year (except	☐ YES	☑ NO
30 .	a. Have you ever been a candidate in a national of local elec- Barangay election)?	onou line minimi are iner lan ferrett.	If YES, give deta	
	b. Have you resigned from the government service during th	ne three (3)-month period before the last	☐ YES	☑ NO
	election to promote/actively campaign for a national or local	candidate?	If YES, give deta	
39	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	NO
	,		If YES, give detail	s (country):
10	Described Act (DA 9271): (b) Mac	na Carta for Disabled Persons (RA		
W.	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:		
		F	☐ YES	☑ NO
L	Are you a member of any indigenous group?		If YES, please specif	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Are you a norman with disability?		☐ YES	☑ NO
1.	Are you a person with disability?		☐ YES If YES, please specif	
			If YES, please specify YES	y ID No:
	Are you a person with disability? Are you a solo parent?		If YES, please specif	y ID No:
	Are you a solo parent?	(appointed)	If YES, please specify YES	y ID No:
			If YES, please specifing YES If YES, please specific	y ID No:
	Are you a solo parent?	/appointee)	If YES, please specify YES	y ID No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME		If YES, please specifing YES If YES, please specific	y ID No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant	ADDRESS	If YES, please specif YES If YES, please specif TEL. NO. 9266130148	y ID No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME	ADDRESS	If YES, please specif	y ID No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista	ADDRESS Dulag, Leyte Tacloban City, Leyte	If YES, please specif YES If YES, please specif TEL. NO. 9266130148 9065878689	y ID No:
11.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista Jennifer Malbas	ADDRESS Dulag, Leyte Tacloban City, Leyte Palo, Leyte	If YES, please specifing YES, please specific YES, please specific TEL. NO. 9266130148 9065878689 9363915795	y ID No:
41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista Jennifer Malbas	ADDRESS Dulag, Leyte Tacloban City, Leyte Palo, Leyte this Personal Data Sheet which is a tr	If YES, please specifing YES, please specific YES, please specific TEL. NO. 9266130148 9065878689 9363915795 ue, correct and	y ID No:
41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista Jennifer Malbas I declare under oath that I have personally accomplished complete statement gursuant to the provisions of pertiner	ADDRESS Dulag, Leyte Tacloban City, Leyte Palo, Leyte this Personal Data Sheet which is a tractionary and regulations of the laws, rules and regulations of the laws.	If YES, please specification of the Page 18 of the	y ID No:
41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista Jennifer Malbas I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. Lauthorize the approx head/authorized represent	ADDRESS Dulag, Leyte Tacloban City, Leyte Palo, Leyte this Personal Data Sheet which is a tract laws, rules and regulations of the lative to verify/validate the contents state	If YES, please specification of YES If YES, please specification of YES, p	YID NO: NO YID NO: ESMENO GENEVIVE B.
41.	Are you a solo parent? REFERENCES (Person not related by consanguirity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista Jennifer Malbas I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this docum	ADDRESS Dulag, Leyte Tacloban City, Leyte Palo, Leyte this Personal Data Sheet which is a tract laws, rules and regulations of the lative to verify/validate the contents state	If YES, please specification of YES If YES, please specification of YES, p	y ID No: ID NO y ID No:
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Gov PLE Gov	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Marc Steven D. Capungcol Dr. Vincent R. Bautista Jennifer Malbas I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this docum administrative/criminal case/s against me. Vernment Issued ID (In Pamport, GSIS, SSIS, PRC, Driver License, etc.) EASE INDICATE ID Number and Date of Issuance emment Issued ID: SSS UMID Icense/Passport No.: 06-32307126	Dulag, Leyte Tacloban City, Leyte Palo, Leyte Palo, Leyte this Personal Data Sheet which is a traction of the lattive to verify/validate the contents state tent and its attachments shall cause Signature (Sign inside the both of the lattive to the lattive to the lattice of the lattice to verify/validate the contents shall caused the lattice of t	If YES, please specify YES, please specify YES, please specify YES, please specify TEL. NO. 9266130148 9065878689 9363915795 ue, correct and Republic of the different in the filling of the filling	PHOTO Right Thumbmark
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