CS Form No. 212 Revised 2017						_			
	P	ERSO	NAL DAT	A SH	EET				
WARNING: Any misrepresentat	ion made in the Personal D	ata Sheet and the	Work Experience Sheet sha	all cause the fi	iling of admi	nistrative/c	riminal case/s ag	ainst the per	son
concerned. READ THE ATTACHED GUIDE 1									
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO		f necessary. Indicat	e N/A if not applicable. DO NO	)T ABBREVIAT	E.	1. CS ID No.		(Do not fill up.	For CSC use only)
2. SURNAME	DABATIAN								
FIRST NAME	VIA						NAME EXTENSION (JR.	., SR)	
MIDDLE NAME	VITOR								
3. DATE OF BIRTH	10.000/02/02	9	16 CITIZENSHIP		Tenut.				-
(mm/dd/yyyy)	01/08/2003 16. CITIZENSHIP				✓ Filipino □ Dual Citizenship □ by birth □ by naturalization				ration
4. PLACE OF BIRTH	SAN PEDRO, TALIB	AN PEDRO, TALIBON, BOHOL If holder of dual clizenship, Pls. indicate of							
5. SEX	Male	<b>☑</b> Female	please indicate the de	etails.					•
6 CIVIL STATUS	☑ Single	Married	17. RESIDENTIAL ADDRESS	Hou	. Washill of Ki			Charak	
	☐ Widowed ☐ Other/s:	Separated			pRK. 6		8	Street SAN PEDRO	
7. HEIGHT (m)	1.58			Sui	ibdivision/Village TALIBON			Barangay BOHOL	
	VOICE CONTRACTOR		700 0005	c	ity/Municipality			Province	,
8. WEIGHT (kg)	52		ZIP CODE 18. PERMANENT ADDRESS						-
9. BLOOD TYPE	0+		18. PERMANENT ADDRESS	Hou	use/Block/Lot No	),		Street	-
10. GSIS ID NO.				Su	PRK. 6 bdivision/Village	ē	-	SAN PEDRO Barangay	
11. PAG-IBIG ID NO.	121351300691			C	TALIBON	i	li li	BOHOL Province	
12. PHILHEALTH NO.	12-026230579-7		ZIP CODE			умилорату			
13. SSS NO.	06-4960046-3		19. TELEPHONE NO.						
14. TIN NO.	659-623-026		20. MOBILE NO.		09815302690				
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (If any) <u>dabatianvia@gmail.com</u>					m	
II. FAMILY BACKGROUND									
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME		N/A	Time correspond (ID CD)	23. NAME of CH			list all)		TH (mm/dd/yyyy)
22. SPOUSE'S SURNAME FIRST NAME		N/A	NAME EXTENSION (JR., SR)	23. NAME of CH		full name and	lst all)		TH (mm/dd/yyyy)
22. SPOUSE'S SURNAME		N/A	NAME EXTENSION (JR., SR)	23. NAME of CH			list all)		
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77		LIGIBILITY						I ICENSE A	if applicable
INDER BA	SPECIAL L	RA 1080 (BOARD/ BAR)  AWS/ CES/ CSEE  BILITY / DRIVER'S	RATING (If Applicable)	DATE OF EXAMINATIO N / CONFERME NT	PLACE OF EXAM	NATION / CO	ONFERMENT	LICENSE (I	Date of Validit
									У
			(Conti	nue on separate shee	t if necessary)				
	EXPERIEN				duties should be in	dicated in	the attach	ed Work Exp	erience
	USIVE DATES nm/dd/yyyy) To	POSITION 1 (Write in full/Do no		CC	/ AGENCY / OFFICE / OMPANY Do not abbreviate)	MONTH LY SALAR	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format*00-0*)/ INCREMENT	STATUS OF APPOINTME	GOV'T SERVI CE (Y/ N)
9/30/2024	PRESENT	RESEARCH	ASSISTANT	PUBLICATION	RESEARCH AND DNS/HOLY NAME VERSITY	Y 18000.00	N/A	CASUAL	NO
1/15/23	1/19/24	INTERN (T	RAINEE)	PLANT DISEA DIAGNOSIS L	SE AND AB	N/A	N/A	N/A	N/A
9/18/23	9/22/23	INTERN (T	RAINEE)	NATIONAL CO- CENTE	CONUT RESEARCH R-VISAYAS	N/A	N/A	N/A	N/A
07/10/2023	8/21/23	INTERN (T	DDDVVIA00+25904-7	VISAYAS	ENOME CENTER-	N/A	N/A	N/A	N/A
2/20/23	2/25/23	INTERN (TRAINEE)		PLANT TIS LAB	NA	N/A	N/A	N/A	
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			(Conti	nue on separate shee	t if necessary)				
SIGN	IATURE	FOR O	***************************************		DATE	1-14	25		

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		GANIZATION	(mm/d	d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A			N/A	N/A	N/A	N/A		
-				1	1			
			<u> </u>					
		4						
			tinue on separate					
VII. LEA	RNING AND DEVELOPMENT (L&D) I	NIERVENIIONS/IKAINING PR	INCLUSIVE DATES OF					
30.	20. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
N/A			N/A	N/A	N/A	N/A	NIA	
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A COLUMN TO SERVICE STATE OF THE PARTY OF TH	UPS WEST LAND	(Con	I ntinue on separate	sheet if necessary				
	HER INFORMATION	9120	ACADEMIC DICT	ICTIONS / DECC	NITION		MEMBERGHIDIN	
31.	SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN	Write in full)	NIIION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	N/A			N/A			N/A	
	SIGNATURE	(Con	ntinue on separate	sheet if necessary		DATE	20	
	SIGNATURE	J. M.	>			5/115	1-14-25 CS FORM 212 (Revised 2017), Page 3 of 4	

Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate so Bureau or Department where you will be apppointed, a. within the third degree?      b. within the fourth degree (for Local Government Unit - Caree)	□ YES N ☑ □ YES ☑ O				
	If YES, give details:	N <del>O</del>			
35. a. Have you ever been found guilty of any administrative offer	☐ YES ☑ NO If YES, give details: ————————————————————————————————————				
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37. Have you ever been separated from the service in any of the f dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local election Barangay election)?  h. Have you resigned from the government service during the	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO				
election to promote/actively campaign for a national or local c	b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?				
39. Have you acquired the status of an immigrant or permanent r	☐ YES ☑ NO If YES, give details (country):				
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</li> </ol>					
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:				
b. Are you a person with disability?	Are you a person with disability?				
c. Are you a solo parent?	C. Are you a solo parent?				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	t /appointee)				
NAME	ADDRESS	TEL. NO.			
LOURD FRANZ M. GABUNADA	BAYBAY CITY, LEYTE	09982617809			
LEE ANDREW GONZALES	PLARIDEL, BAYBAY CITY, LEYTE	09678267199	V = V		
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents sta	Republic of the ted herein.	VIA V DADATIAN		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	( Said				
Government Issued ID: POSTAL ID	Test 1				
ID/License/Passport No.: H25220406511	pox)	11			
Date/Place of Issuance: UBAY, BOHOL		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	ATTY. RENZ LYLE H. LABUITAC PUBLIC ATTORIAS AUTHORITE PUBLIC ATTORIAS	g his/her validly issued govern	ment ID as indicated above.		