CS Form No. 212								
Revised 2017	PERSON	NAL DAT	A SH	EE1	Γ			
concerned.	ion made in the Personal Data Sheet and the V				istrative/cri	minal case/s aga	inst the perso	on
	TO FILLING OUT THE PERSONAL DATA SHEE  (1) and use separate sheet if necessary. Indicate N				1. CS ID No.		(Do not fill up.	For CSC use only)
I. PERSONAL INFORMATIO								
2. SURNAME	OLAER							
FIRST NAME	JACKLYN					NAME EXTENSION (JR.	, SR)	
MIDDLE NAME	ES COBER							
3. DATE OF BIRTH		16. CITIZENSHIP		Filipi	no	Dual Citizenship		
(mm/dd/yyyy)	01/17/01				110		by natural	ization
4. PLACE OF BIRTH	Baybay Hospital	If holder of dual citizer	nship,			Pls. indicate c	ountry:	
5. SEX	☐ Male ☐ Female	please indicate the de	etails.					-
6 CIVIL STATUS	☐ Single ☐ Married	17. RESIDENTIAL ADDRESS	-	13.0 se/Block/Lot No		Faust	ino All	en Street
	☐ Widowed ☐ Separated		Hou	se/Block/Lat No	).			
	Other/s:			odivision/Village	)		Barangay	
7. HEIGHT (m)	1.49		O <sub>C</sub>	ty/Municipality		- 41	Leyte Province	
8. WEIGHT (kg)	43	ZIP CODE			CS	741		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	se/Block/Lot No	).	Tacloba	street	bay Rd.
10. GSIS ID NO.	N/A		Sut	odivision/Village	)	Kamb	Onggah Barangay	
11. PAG-IBIG ID NO.	N/A			nyb ny ity/Municipality			-cyte Province	
12. PHILHEALTH NO.	13-202956477-2	ZIP CODE			CZ	21		
13. SSS NO.	06-5141377-4	19. TELEPHONE NO.			N/			
14. TIN NO.	NZA	20. MOBILE NO.		(	40166	130424		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		ol	acriac	k Hagm	nil.com	
II. FAMILY BACKGROUND	Dense							
22. SPOUSE'S SURNAME	JOSÉ ANIKIN	NAME EXTENSION (JR., SR)	23. NAME of CHII	LDREN (Write	full name and li	ist all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		,						
MIDDLE NAME	SERRAND	<b>2</b> 1.						
OCCUPATION	SELF-EMPLOY	₽D.						
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	NA							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	OLAGR	NAME EXTENSION (JR., SR)						
FIRST NAME	VIKEILIO	TABLE EXTENSION (St., St.)						
MIDDLE NAME	GRANADA							
25. MOTHER'S MAIDEN NAME								
SURNAME	Escober							
FIRST NAME	ADORACION	J						
MIDDLE NAME	CUESTA			(C	ontinue on sep	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE		To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	KAUBONGGAN GLEMENTAL)			LODL	2013		ZOB	Vale- dictorah
				2017	2019		2019	Mith
SECONDARY	ORMOC CITY SENIOR HILA							VIOITOV
VOCATIONAL /	ORMOC CITY (6NIOR HILLA SCHOOL							
SECONDARY  VOCATIONAL / TRADE COURSE  COLLEGE	*	y BS in comm		2019	2013		2023	Cum Landy
VOCATIONAL / TRADE COURSE	ORMOC CITY (GNIOR HILD SCHOOL YISAYAS STATE UNIVERSITY VISAYAS STATE UNIVERSITY	Min Develo	pmens	2011			2025 2025	Higher
VOCATIONAL / TRADE COURSE	YISAYAS STATE UNIVERCIT	Min Develo	unication unication		2023 2025	July		Highest 6PA

	SERVICE ELIGIB			DATE OF				LICENSE (if a	pplicable)
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	ATION / CONFERMENT		NUMBER	Date of Validity		
			N/A	N/A	N/A			N/A	N/A
									1
			(Co	nntinue on separate sheet	if necessary)				
	EXPERIENCE vate employment.	Start from your recen	t work) Descriptio	n of duties should be	indicated in the attache	ed Work Exp	erience sheet.		
. INCL	USIVE DATES nm/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full/Do not abbreviate)		SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT	(Y/N)
N/A	N/A	NIA		N.	A	N/A	NA	N/A	NIA
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	+								
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	-								_
			(0)	ontinue on separate sheet	if necessary)				
SIGN	IATURE	11	0		DATE	1	why 2	10, 20%	7

9. NAME & ADDRESS OF (Write in 1		INCLUSIV (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
		1 -7/6	. 77	1.7/5		
	4					
LEARNING AND DEVELOPMENT (L&L		tinue on separate s OGRAMS AT		n		
TITLE OF LEARNING AND DEVELOPMENT IN (Write in		ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
and International Com	ference on Development			3 20 hour	•	Association of Development communication toducators practitioners (ADGP), n
						VS4
		4				
						34
	(Con	tinue on separate	sheet if necessar	)))		
OTHER INFORMATION  SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO
N /A		N/A	e in full)			N/A
	2					
	(Cor	ne on separate	sheet if necessar	y)		
SIGNATURE	M		4	DA	TE	July 20, 20%

	lated by consanguinity or affinity to the appoin reau or office or to the person who has immed		
	Department where you will be apppointed,		
a. within th	e third degree?		YES NO
b. within th	ne fourth degree (for Local Government Unit -	Career Employees)?	☐ YES ☐ NO
		If YES, give details:	
35. a. Have yo	ou ever been found guilty of any administrative	offense?	☐ YES     ✓ NO
			If YES, give details:
b. Have yo	ou been criminally charged before any court?		☐ YES     NO  If YES, give details:
			Date Filed:
			Status of Case/s:
		of any law deeper ardinance or regulation by	
	ever been convicted of any crime or violation or tribunal?	of any law, decree, ordinance of regulation by	YES NO
uny court	or undurial.		If YES, give details:
		f the following modes: resignation, retirement,	YES NO
		m, finished contract or phased out (abolition) in	If YES, give details:
and the second	or private sector?		
	ou ever been a candidate in a national or local	election held within the last year (except	☐ YES                  NO
Barangay	election)?		If YES, give details:
b. Have yo	ou resigned from the government service durin	g the three (3)-month period before the last	☐ YES
	promote/actively campaign for a national or lo		If YES, give details:
39. Have you	acquired the status of an immigrant or perman	ent resident of another country?	
SS. That of Jour	aoquilos aio otalas or all miningranco porma	· · · · · · · · · · · · · · · · · · ·	YES NO If YES, give details (country):
			ii i Lo, give details (country).
40 Durayant 6	io. (a) Indiagnous Deeple's Act (DA 9271): (b)	Magna Carta for Disabled Persons (RA 7277);	
	o. (a) indigenous People's Act (RA 6371), (b) lo Parents Welfare Act of 2000 (RA 8972), ple		
	member of any indigenous group?	anoner the fellowing floring.	
Ale you a	member of any indigenous group:		If YES, please specify:
b. Are you a	person with disability?		☐ YES ☐ NO
			If YES, please specify ID No:
c. Are you a	solo parent?		YES NO
			If YES, please specify ID No:
41 REFERENC	ES (Person not related by consanguinity or affinity to app	licant /appointee)	
THE ENERG			TELNO
	NAME	ADDRESS	TEL. NO.
Ulde	in B. Alvioln	Visingy Ante university	y 09778512000
Palaci	o s. Gmyoso	Visiyas State University	121222111
KOTACI	0 8. 012(4080	18.0013 81014 0010 011.00	0 [717 0 7 0 7 0 7
42. I declare	under oath that I have personally accompli	shed this Personal Data Sheet which is a t	rue, correct and
complete	statement pursuant to the provisions of p	ertinent laws, rules and regulations of the	Republic of the
Philippine	s. I authorize the agency head/authorized rep	resentative to verify/validate the contents state	ed herein.
		document and its attachments shall caus	e the filing of PHOTO
auministra	ative/criminal case/s against me.	$\wedge$	
Government I	ssued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	1	
	CATE ID Number and Date of Issuance	$II \qquad \bigwedge \bigwedge$	
Government Iss	ued ID: SSS	11 / // >	Wells,
		1	
ID/License/Pass	sport No.: 06-5141377-4	ox)	
Date/Place of Is	suance: June 13, 2025 - Phose Orma	Right Thumbmark	
		Date Accomplished	
SUE	SCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as indicated above.
		1.00	
		Person Administering Oat	th