CS Form No. 212 Revised 2017 PERSONAL DATA SHEET WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (🗍) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. I. PERSONAL INFORMATION 2. SURNAME CABALLERO NAME EXTENSION (JR., SR) FIRST NAME MARIBEL MIDDLE NAME LAPARA 3. DATE OF BIRTH 16. CITIZENSHIP 11/22/1999 Dual Citizenship ✓ Filipino (mm/dd/yyyy) **BAYBAY HOSPITAL** Pls. indicate country: 4. PLACE OF BIRTH If holder of dual citizenship. please indicate the details 5. SEX Male √ Female ✓ Single 17. RESIDENTIAL ADDRESS Married 6 CIVIL STATUS House/Block/Lot No. Street Widowed Separated PANGASUGAN Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.5 City/Municipality 8. WEIGHT (kg) 53 ZIP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE N/A House/Block/Lot No. Street PANGASUGAN 10 GSIS ID NO N/A Subdivision/Village BAYBAY LEYTE 1213-1013-2218 11. PAG-IBIG ID NO. City/Municipality Province 12. PHILHEALTH NO. 13-202845625-9 ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO 619-706-686-000 20. MOBILE NO. 09465293071 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) caballeromaribel789@gmail.com **FAMILY BACKGROUND** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME N/A NAME EXTENSION (JR., SR) N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME **CABALLERO** AME EXTENSION (JR., SR) FIRST NAME JAIME MIDDLE NAME ABANAG 25. MOTHER'S MAIDEN NAME SURNAME LAPARA MA. VILLA FIRST NAME **GUMBA** MIDDLE NAME (Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)			HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
		, ,	From	То	(ii not graduated)		RECEIVED	
ELEMENTARY	PANGASUGAN ELEM. SCHOOL		2006	2012		2012	CONSISTENT HONOR	
JUNIOR HIGH	VISAYAS STATE UNIVERSITY LABORATORY HIIGH SCHOOL		2012	2016		2016	N/A	
SENIOR HIGH	VISAYAS STATE UNIVERSITY SENIOR HIIGH SCHOOL UNIT		2016	2018		2018	N/A	
COLLEGE	VISAYAS STATE UNIIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2018	2022		2022	CUM LAUDE	
GRADUATE STUDIES	COLLEGE OF MAASIN	MASTERS OF PUBLIC ADMINISTRATION	2023	PRESENT	9 units			
(Continue on separate sheet if necessary)								

SIGNATURE

MAY 08, 2024

DATE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CSS/ CSSE RATING			DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT		MENT	LICENSE (if applicable) Date of		
BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT				NUMBER	Validity	
НО	NOR GRADUA	TE ELIGIBILTY		March 31, 2023	CSC F	RO VIII			
V WORK 5	VPERIENCE		(Co	l ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe	rience sheet.		
	JSIVE DATES m/dd/yyyy)	POSITION TI			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)		I/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
01/07/2023	12/31/2023	AMINISTRATIVE	E AIDE III	UN	FICE, VISAYAS STATE IVERSITY			JO	YES
02/01/2023	06/30/2023	AMINISTRATIVE	E AIDE III	ACCOUNTING OF UN	FFICE, VISAYAS STATE IVERSITY			JO	YES
10/10/2022	12/31/2022	ADMINISTRATIV	'E AIDE 1	ACCOUNTING OF	FFICE, VISAYAS STATE IVERSITY			JO	YES
SIGNATURE (Continue on separate sheet if necessary)					if necessary) DATE			MAY 8, 2024	
SIGNA	TONL		>		DATE			1711 10, 2024	

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	OLUNTARY O	RGANIZATIOI	V/S		
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A							
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate)			
VII. LEARNING AND DEVELOPINENT (L&D)	INTERVENTIONS/TRAINING PR	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)						CONDUCTED/ SPONSORED BY (Write in full)	
Unlocking Excellence: The 5S Revolution for Clerks an	nd Heads	From 11/29/2023	To 11/29/2023			VSU-MAIN CAMPUS	
Training/Workshop on Advanced Microsoft Excel Fund		11/28/2023	11/28/2023	4 hours		VSU-MAIN CAMPUS	
Transaction Processing and Reporting Workshop ISO 9001:2015 Awareness & Re-awareness Webinar		08/29/2023	08/29/2023			VSU-MAIN CAMPUS	
Webinar of GSIS titled New Employees, Pre-Retirement	t Seminar, Agency Authorized	08/22/2023	08/25/2023			GSIS	
Officers and ERF Handlers Re-Orientation and GSIS Lo Webinar of BIR about "Briefing on eTRA for NGAs	pans, Products & Updates	03/23/2023	03/23/2023	4 hours		BIR	
Weblind of birt about Briefling of effication NOAS		03/23/2023	03/23/2023	4 110015		DIIX	
	(Con	tinue on separate	sheet if necessary)			
VIII. OTHER INFORMATION		I-ACADEMIC DISTIN	UGTIONO / DEGO.	NITION.		ALEMEN AND AND AND AND AND AND AND AND AND AN	
31. SPECIAL SKILLS and HOBBIES	32. NON	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)					
COMPUTER SKILLS	N/A					N/A	
SIGNATURE	(Con	tinue on separate :	sheet if necessary		ATE	MAY 8, 2024	
SIGNA I UKE				U/	7/6	IVIA 1 0, 2U24	

B. Have you ever been found guilty of any administrative offense? VYES, give dotals: VYES, give dotals:	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? b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
If YES, give details: Date Field: Status of Cases:	35.	a. Have you ever been found guilty of any administrative of		NO			
## Are you are been separated from the service in any of the following modes: resignation, referenent dropped from the rolls, dismissal, termination, and of term, finished contract or phased out (abolition) in the public or phridae sector? ### Barrangy election? ### Barrangy election? ### B. Have your resigned from the government service during the three (3)-month period before the last election to promoteleadrewly campagn for a national or local candidate? ### B. Have your acquired the status of an immigrant or permanent resident of another country? ### Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Sob Parents Welfare Act of 2000 (RA 8972), please answer the following flams: ### Are you a member of any indigenous group? ### Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Sob Parents Welfare Act of 2000 (RA 8972), please answer the following flams: ### Are you a member of any indigenous group? ### Are you a solo parent? ### Are you a solo parent? ### Are you a solo parent? ### REFERENCES (Penson not wised by consequity or affloy to applicant apportune) ### NAME ### ADDRESS ### TEL. NO. **NOK FREDDY R. BELLO **VES** Debase specify ID No: **If YES** please specify ID No: **I		b. Have you been criminally charged before any court?	If YES, give details: Date Filed:	NO			
dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition)	36.	•	☐ 1E3 ☑ NO				
Barangay election)? 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? 33. Have you acquired the status of an immigrant or permanent resident of another country? 44. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 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? b. Are you a person with disability? c. Are you a solo parent? c. Are you a solo parent? c. Are you a solo parent? d. REFERENCES Person ror leaded by consarguishly or etinely to applicant repositions NICK FREDDY R. BELLO VISCA, BAYBAY CITY, LEYTE LOUELLA C. AMPAC VISCA, BAYBAY CITY, LEYTE 42. I declare under cash that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of perfinent laws, rules and regulations of the Republic of the Philippines I authorize the agency head/authorized representative to verify/validate the contents stated herein. agrice that any misrepresentation made in this document and its altachments shall cause the filing of administrative/criminal cases's against me. BORDETTER IN Number and Data of Issuance Government Issued D reflected. This D Sumber and Data of Issuance BAYBAY CITY, LEYTE Data Accomplained SUBSCRIBED AND SWORN to before me this		dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	finished contract or phased out (abolition)		NO NO		
39. Have you acquired the status of an immigrant or permanent resident of another country? 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 72777); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? Are you a solo parent? Alternative Appears and the provision of perfunent appointed by Indigenous specify ID No: NAME ADDRESS TEL NO. NICK FREDDY R. BELLO VISCA, BAYBAY CITY, LEYTE LOUELLA C. AMPAC VISCA, BAYBAY CITY, LEYTE LOUELLA C. AMPAC VISCA, BAYBAY CITY, LEYTE 42. I declare under cath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of perfunent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal cases/s against me. Covernment Issued ID (1-27-18-19-0) PHILHEALTH ID IDILoress/Basport No: 13-202849629-9 Date Place of Issuance: BAYBAY CITY, LEYTE Date Accomplished SUBSCRIBED AND SWORN to before me this . afflant exhibiting his/her validly issued government ID as indicated above.	38.	Barangay election)? b. Have you resigned from the government service during t	If YES, give details:				
### Are you a member of any indigenous group? ### Are you a member of any indigenous group? ### Are you a person with disability? ### Are you a solo parent? ### Approach	39.		☐ YES ☑ NO				
NICK FREDDY R. BELLO VISCA, BAYBAY CITY, LEYTE LOUELLA C. AMPAC VISCA, BAYBAY CITY, LEYTE 42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. Government Issued ID (in Pasport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No: 13-202845625-9 Date/Place of Issuance: BAYBAY CITY, LEYTE Signature (Sign inside the box) MAY 9, 2024 Date Accomplished Right Thumbmark SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	a. b.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) Are you a member of any indigenous group? Are you a person with disability?	If YES, please specify: YES If YES, please specify ID YES	No:			
NICK FREDDY R. BELLO VISCA, BAYBAY CITY, LEYTE VISCA, BAYBAY CITY, LEYTE 42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. Government Issued ID (i.e.Pessport, GSIS, SSS, PRC, Diver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13-202845625-9 Date/Place of Issuance: BAYBAY CITY, LEYTE Date Accomplished SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
LOUELLA C. AMPAC VISCA, BAYBAY CITY, LEYTE 42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me. Government Issued ID (ie Pessgori, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13-202845625-9 Date/Place of Issuance: BAYBAY CITY, LEYTE SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.		NAME	ADDRESS	TEL. NO.			
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verifyl/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me. Government Issued ID (in Passport, CSIS, SSS, PRC, Directs License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13-202845625-9 Date/Place of Issuance: BAYBAY CITY, LEYTE SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.		NICK FREDDY R. BELLO	VISCA, BAYBAY CITY, LEYTE				
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PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13-202845625-9 Date/Place of Issuance: BAYBAY CITY, LEYTE SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.	42.	complete statement pursuant to the provisions of perti Philippines. I authorize the agency head/authorized repres agree that any misrepresentation made in this doc	nent laws, rules and regulations of the centative to verify/validate the contents state	Republic of the ed herein.	РНОТО		
	P G	overnment Issued ID: PHILHEALTH ID D/License/Passport No.: 13-202845625-9	MAY 8, 2024	iox)	Right Thumbmark		
		SUBSCRIBED AND SWORN to before me this	. affiant exhibiti	ing his/her validly issued anv	ernment ID as indicated above.		
3			Person Administering Oat				