CS Form No. 212								
Revised 2017		NAL DAT						
WARNING: Any misrepresenta	tion made in the Personal Data Sheet and th	e Work Experience Sheet st	hall cause the	filing of ac	lministrativ	e/criminal case/s	against the	person
	TO FILLING OUT THE PERSONAL DATA SHI							
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only
2. SURNAME								
FIRST NAME	FRANCISCO					NAME EXTENSION (J	R, SR)	
	JOAN							
MIDDLE NAME 3. DATE OF BIRTH	BALUGO							
(mm/dd/yyyy)	05/21/2001	16. CITIZENSHIP If holder of dual citizenship,		☐ Filipino ☐ Dual Citizenship ☐ by birth Pls. indicate (by naturalization	
4. PLACE OF BIRTH	HINDANG, LEYTE							
5. SEX	☐ Male ☐ Female	please indicate the de	etails.					-
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		325		GAF	PAELA	
	Widowed Separated Other/s:		Hou	ise/Block/Lot N	0.	Doos r	Street DEL NOR	TE
				bdivision/Villag			Barangay	
7. HEIGHT (m)	1.57			INDAN ity/Municipality			Province	
8. WEIGHT (kg)	54	ZIP CODE			659	23		
9. BLOOD TYPE	UNKNOWN	18. PERMANENT ADDRESS		525 ise/Block/Lot N	0.	GAPAELA Street		
10. GSIS ID NO.	N/A			bdivision/Villag	TO BE LIVE TO	DOOS DEL HORTE		
11. PAG-IBIG ID NO.	121327422419		HIN	NDANG		Barangay LEYTE		
12. PHILHEALTH NO.	13-251941269-5	ZIP CODE	Ci	City/Municipality Province 6523				
13. SSS NO.	06-4659192-8	19. TELEPHONE NO.			N/A			
14. TIN NO.	N/A 20. MOBILE NO.		09464856333					
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any)		fipanb21@gmail.com					
II. FAMILY BACKGROUND				100	JUNIOZI	Ogmon 10	2011)	
22. SPOUSE'S SURNAME			23. NAME of CHI	ILDREN (Write	e full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)						
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	FRANCISCO							
FIRST NAME	FRANKLIN	NAME EXTENSION (JR., SR)						
	LABON							
MIDDLE NAME	LABON							
25. MOTHER'S MAIDEN NAME	DALLICO							
SURNAME	BALUGO							
FIRST NAME	TERESITA							
MIDDLE NAME	ALBESA			(C	ontinue on sej	parate sheet if neces	ssary)	
III. EDUCATIONAL BACKS	ROUND		AUGUSTA					SCHOLARSHIP/
26. LEVEL	NAME OF SCHOOL (Write In full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC
ELEMENTARY	DOOS ELEMENTARY SCHOOL			2007	2013		2013	2ND HONOR
SECONDARY	BONTOC NATIONAL HIGH SCHOOL			2013	2019		2019	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE								
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF S		2019	2023		2023	MAGNA CUM LAUDE
GRADUATE STUDIES		III NONIBUSI	11135					

SIGNATURE

11/25/2023

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

DATE

	ER SERVICE/ RA 1		DATING	DATE OF				LICENSE (if ap	oplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
HONOR GRADUATE ELIGIBILITY			9/27/2023	CSC RO	CSC RO VIII				
V WORKE	XPERIENCE		(Cor	tinue on separate sheet	if necessary)				
A COLUMN TO THE REAL PROPERTY.			t work) Descriptio	n of duties should b	e indicated in the attache	ed Work Exp	erience shee	t	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION		POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGE (Write in full	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT		GOVT SERVICE (Y/N)	
9/27/2023	11/27/2023	RESEARCH ASS	TUATE	PROJECT	TARSIER	23,000	10	CONTRACTUAL	
1468									
- 10.1									
									Page 1
	(Continue on separate sheet if necessary)								
SIGNA	TURE	X	ini Sa		DATE		11/25/20	23	

COLLETY OF AGRIBUSINESS CTUDENTS (VSU) 8/6/2022 9/1/2023 N/A SECRETARY	29. NAME & ADDRESS OF ORGANIZATION (Write in full)					POSITION / NATURE OF WORK	
MIL ELARANIO AND DEVELOPMENT (LED) INTERVENTIONETRAINING PROGRAMS ATTERIORS WITH OF LEARNING AND DEVELOPMENT (LED) INTERVENTIONETRAINING PROGRAMS ATTERIORS VSS FRESHER PROGRAM A1/1/2023 4/1/5/2023 2.4 TECHNICAL VIRTUAL STAFFING SOLUTIONS TOTAL STA					hi/A		CECRETARY
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VSS FRESHER PROGRAM 9/11/2023 9/13/2022 24 TECHNICAL VIRTUAL STAFFING SOLUTIONS VIR			ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	
Configure on Reports short Processory NON-ACMEMIC DISTRICTION 31. SPECIAL SKILLS WHILE SELLS LEADERSHIP & KILLS COMMUNICATION SKILLS SIGNATURE PAGE SIGNATURE PAGE DATE 11/15/2023	VCC EDECHED D	POCRAM			2.4	TECHNICAL	VIRTUAL CTAFFING COLUTIONS
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(Write in full) SIGNATURE (Write in full) SSIGNATURE SS	VIII. OTHER INFORMATION	基础的 企业是2000年					
COMMUNICATION SKILLS (Continue on separate sheet if necessary) SIGNATURE DATE 11/25/2023	31. SPECIAL SKILLS and HOBBIES						
COMMUNICATION SKILLS (Continue on separate sheet if necessary) SIGNATURE Jani Go DATE 11/25/2023	ORGANIZATIONAL SKILLS	N/A N/A					N/A
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					Di	ATE	11/25 / 2023

NI VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

Chie Bur a, v	you related by consanguinity or affinity to the appointing of or bureau or office or to the person who has immediate eau or Department where you will be appointed, within the third degree? within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35. a. H	lave you ever been found guilty of any administrative offe	nse?	☐ YES ☑ NO If YES, give details:				
b. H	lave you been criminally charged before any court?	☐ YES					
	re you ever been convicted of any crime or violation of an court or tribunal?	y law, decree, ordinance or regulation by	☐ YES ☑ NO If YES, give details:				
reti	re you ever been separated from the service in any of the rement, dropped from the rolls, dismissal, termination, en olition) in the public or private sector?		YES NO If YES, give details:				
	lave you ever been a candidate in a national or local elecangay election)?	tion held within the last year (except	☐ YES If YES, give details:				
	lave you resigned from the government service during th ction to promote/actively campaign for a national or local	☐ YES NO If YES, give details:					
39, Ha	e you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
	suant to: (a) Indigenous People's Act (RA 8371); (b) Mag (7); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are	you a member of any indigenous group?	☐ YES					
b. Are	you a person with disability?	YES NO					
c. Are	you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:					
41. REF	ERENCES (Person not related by consanguinity or affinity to applican	(/appointee)					
	NAME	ADDRESS	TEL. NO.				
MA	RLEA P. MUNER	BAYBAY CITY, LEYTE	09621256965				
BR	YAN R. GAPASIN	VSU, BAYBAY CITY, LEYTE	09504142.556				
			09357497380				
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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
Govern	ment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) E INDICATE ID Number and Date of Issuance						
	ment issued ID: NATIONAL ID						
	selFassport No.: 2153-0250-6843-5978	Signature (Sign inside the b	MA.				
Date/Pla	ace of Issuance: 8/29/2022	Right Thumbmark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	Person Administering Oath						