CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EET		
	ation made in the Personal Data Sheet and the	e Work Experience Sheet sh	all cause the fil	ling of administrative/cr	iminal case/s against the person	
	TO FILLING OUT THE PERSONAL DATA SHE				(De est Elem For CCC and and	
Print legibly. Lick appropriate boxe I. PERSONAL INFORMATION	es) and use separate sheet if necessary. Indication	ate N/A if not applicable. DO No	JI ABBREVIATI	E. 1. CS ID No.	(Do not fill up. For CSC use on	
2. SURNAME	ARCELO					
FIRST NAME	MA. THERESA		NAME EXTENSION (JR., SR)			
MIDDLE NAME	AYOL					
DATE OF BIRTH (mm/dd/yyyy)	11/14/2000	16. CITIZENSHIP		Filipino Dual Citizenship		
4. PLACE OF BIRTH	Abrugg, Leyte	If holder of dual citize	enship,		Pls. indicate country:	
5. SEX	☐ Male ☐ Female	please indicate the d	letails.		~	
6 CIVIL STATUS	Single Married Widowed Separated Other/s:	17. RESIDENTIAL ADDRESS		se/Block/Lot No. odivision/Village	Street Pangasugan Berangay	
7. HEIGHT (m)	1-49 m		3	ty/Municipality	Ley te Province	
8. WEIGHT (kg)	55 kg	ZIP CODE		5 21	7.704.100	
9. BLOOD TYPE	8+	18. PERMANENT ADDRESS		O84 se/Block/Lot No.	G. Monfiman Street	
10. GSIS ID NO.	N/A				Palanogan Barangay	
11. PAG-IBIG ID NO.	121352519716			bdivision/Villege hap lag ty/Municipality	Ley te	
12. PHILHEALTH NO.	12-026148437-9	ZIP CODE		ty/Municipality	Province	
13. SSS NO.	06-4628406-0	19. TELEPHONE NO.	N/A			
14. TIN NO.	633 - 325 - 842	20. MOBILE NO.	1			
15. AGENCY EMPLOYEE NO.	499 312	21. E-MAIL ADDRESS (if any)	09311524216 arcelomotheresa@gmail.co		n. '. '. '.	
II. FAMILY BACKGROUND		21. E-WAIE ADDRESS (II ally)	ar cetor	no incresace g	mail.wm	
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write full name and is	st all) DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A		
MIDDLE NAME	NA					
OCCUPATION	N/A					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A					
TELEPHONE NO.	N/A			-		
24. FATHER'S SURNAME	ARCELO					
FIRST NAME	CECILIO	NAME EXTENSION (JR., SR)				
MIDDLE NAME	CAPAROSO					
25. MOTHER'S MAIDEN NAME						
SURNAME	AYOU					
FIRST NAME	ALICIA					
	12 STATE OF 12 STA			10 - 11 - 1 - 1	The state of the s	

CAGABHION SCHOLARSHIP/ ACADEMIC HIGHEST LEVEL/ UNITS EARNED (if not graduated) PERIOD OF ATTENDANCE YEAR GRADUATED NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL (Write in full) (Write in full) HONORS RECEIVED From To With Mahaplag Central School 2006 ELEMENTARY 2013 2013 Honor with Honor Academia del Christifidelis 2017 SECONDARY 2019 2019 VOCATIONAL / TRADE COURSE BS in Development Communication 2019 Visayas State University 2023 2023 Cum courde COLLEGE Visayas State University MS in Development Communication 2024 prisont 12 Units GRADUATE STUDIES Juaquias. SIGNATURE DATE

July

2, 2025

	ERVICE ELIG	IBILITY	ex-sultaneously.	e-dispersion in		or Colombia	W. Heart or	names div	
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE		RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFERMENT		LICENSE (if a	Date of	
		ITY / DRIVER'S LICENSE	. Thursday	CONFERMENT				NUMBER	Validity
Honor G	raduate El	ligibility PD no. 907		1/29/2024	CSC RO	VIII	4		
v wank s	VOCDIENOS		(Co	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	ent. Start from your recer	nt work) Descriptio	on of duties should	be indicated in the attacl	hed Work Ex	sperience she	et.	
28. INCLL	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGE	ENCY / 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)
09/06/2023	01/27/2024	Customer Service	Representative	Qualfon	. Ceby	15,000			N
02/01/2024	12/3/2024	Science Research	1 Assistant	VSU ew-+	farm and Resource			30	4
01/10/2025	present	Science Research Alternate Deputy and Records Contra	Document	VSU Ew-FAR	Farm and Resource ment Institute um and Resource Ment Institute	17,000		JO	7
		the box box box	alet [moint	manage	ment institute				
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			(Cni	ntinue on separate sheet	if necessary)				
SIGNA	ATURE	The	years.	and the second second	DATE	J.	ly 2, 2	or	
		()**	-				0	S FORM 212 (Revised 2	017), Page 2 of 4

29. NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATI IRE OF WORK	
(Write in full)	(mm/dd/yyyy) From To		HUMBLE OF HUURS	POSITION / NATURE OF WORK	
					×
V. 3					
	tinue on separate)		
I. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PF	ROGRAMS AT	TENDED			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
(Write in full)		dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
	From To			(consideration	
Audio Production Workshop	02/22/2023	02/22/2013	2 hours		VSU, Development armounication
eminar workshop on 5s at the Workplace	07/20/2014	07/20/2020	9 hours	371	VSU, Office of the vice presify for Research, extension of Immun. 1601, Students Service Office
PACE Against suicide: A Gatebuper's Training		1			VSU, Studente Service OCO
on suicide prevention		10/14/2024	4 hours		
Organic Agriculture Production (DAP) NC 11	12 02 will	01/10/2025	48 hours		TESDA at UY Integrated farm
Agricultural Crops Production (ACP) NC 11	15/27/2024	06/29/2024	48 hours		TESDA at UY Integrated tarm
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	ntinue on separate	sheet if necessary)		
III. OTHER INFORMATION					电影影響 的 医 电影 医电影 医电影
31. SPECIAL SKILLS and HOBBIES 32. NON	-ACADEMIC DISTII	NCTIONS / RECOG	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	(Ante				(with it reft)
					-
				_	
(Con	tinue on separate	sheet if necessary)		
SIGNATURE Thatian.			DA	TE	July 2, 2025
					CS FORM 212 (Revised 2017) Page 3 of 4

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 - Care	YES NO		
	If YES, give details:		
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:		
36. Have you ever been convicted of any crime or violation of an any court or tribunal?	YES NO If YES, give details:		
37. Have you ever been separated from the service in any of the 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 electron Barangay election)?	☐ YES ☐ NO If YES, give details:		
 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local 	☐ YES ☐ NO If YES, give details:		
39. Have you acquired the status of an immigrant or permanent	☐ YES ☐ NO If YES, give details (country):		
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES		
41. REFERENCES (Person not related by consanguinity or affinity to applican	it /appointee)		
NAME	ADDRESS	TEL. NO.	
Odelo B. Raldos	Visayas State University	09143592730	
Crisilda B. Mazo	Brgy. Marcus Baylony	09754902274	
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 docu administrative/criminal case/s against me.	ent laws, rules and regulations of the I ntative to verify/validate the contents state	Republic of the ed herein.	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Passport ID/License/Passport No.: P7723415C Date/Place of Issuance: Aug. 28, 2024 - DFA Taclobán	oox) Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibitin	ng his/her validly issued government ID as indicated above.	
	h .		