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 concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes 🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only I. PERSONAL INFORMATION 2. SURNAME SAN JUAN NAME EXTENSION (JR., SR) N/A FIRST NAME MARK JOHNSON MIDDLE NAME MORADO 3. DATE OF BIRTH 8/5/1983 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH QUEZON CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. Female ✓ Male 5. SEX Philippines **Balite Street** ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Street Widowed Separated POBLACION I Other/s: Subdivision/Village Baranga **SILVINO LUBOS NORTHERN SAMAR** 7. HEIGHT (m) 1.7 City/Municipality Province 72 6413 8. WEIGHT (kg) ZIP CODE 18. PERMANENT ADDRESS **Balite Street** 9 BLOOD TYPE R House/Block/Lot No. Street POBLACION I 10 GSIS ID NO N/A Subdivision/Village Barangay Silvino Lubos **NORTHERN SAMAR** 11. PAG-IBIG ID NO. N/A City/Municipality Province 12. PHILHEALTH NO. 13-050185066-8 ZIP CODE 6414 N/Δ 13. SSS NO. 06-3851698-2 19. TELEPHONE NO. 14. TIN NO. 331856423-0000 20. MOBILE NO. 0956-610-2938 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) markjohnsonsanjuan@gmail.com II. FAMILY BACKGROUND N/A 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A N/A N/A MIDDLE NAME N/A OCCUPATION N/A N/A N/A N/A N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A N/A N/A TELEPHONE NO. N/A N/A SAN JUAN 24 FATHER'S SURNAME NAME EXTENSION (JR., SR) N/A **VICTORINO** FIRST NAME MIDDLE NAME LOYOGOY 25. MOTHER'S MAIDEN NAME **MORADO** SURNAME **OSAL** FIRST NAME **FLOR** MIDDLE NAME **SAJOYAN** (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** NAME OF SCHOOL LEVEL/ PERIOD OF ATTENDANCE 26 BASIC EDUCATION/DEGREE/COURSE SCHOLARSHIP/ ACADEMIC YEAR I FVFI UNITS GRADUATED HONORS RECEIVED (Write in full) EARNED (Write in full) From Tο STA. QUITERIA ELEMENTARY **ELEMENTARY ELEMENTARY** 1990 1996 **GRADUATE** 1996 N/A **SCHOOL** SILVINO LUBOS VOCATIONAL **SECONDARY SECONDARY** 1999 2002 **GRADUATE** 2002 WITH HONOR **HIGH SCHOOL** VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A UNIVERSITY OF EASTERN BACHELOR OF SECONDARY COLLEGE 2012 2016 **GRADUATE** 2016 NA

EDUCATION MAJOR IN MAPEH

N/A

DATE

N/A

N/A

N/A

November 1, 2025

PHILIPPINES

N/A

GRADUATE STUDIES

SIGNATURE

N/A

IV. CIVIL S	SERVICE ELI	GIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF		TION / CONE	EDMENT	LICENSE (if a	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LET(LICENSURE EXAMINATION FOR TEACHER)			80.4	9/25/2016	CATARMAN NORTHERN SAMAR		AMAR	1486605	8/5/2025
			(Contin	ue on separate sheet if n	ecessary)				
	EXPERIENC vate employm	E ent. Start from your rece	ent work) Descript	ion of duties should	be indicated in the at	tached Wo	rk Experien	ce sheet	
28. INCLU	SIVE DATES	POSITION TITLE					SALARY/ JOB/ PAY GRADE (if		GOV'I SERVICE
(mr	m/dd/yyyy)	full/Do not abbr	(Write in	DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	
From	То			(Write in full/Do not abbreviate)			INCREMENT		
8/5/2019	07/27/2021	Special Lec			astern Philippines	17000.00		CONTRACTUAL	N/A
8/8/2018	04/30/2019	JS and SHS Scho	ool Teacher	Sain Micheal Academy		9200.00		CONTRACTUAL	N/A
06/13/2017	03/31/2018	SHS School T	eacher	San Sebastian College-Recoletos		22,300		CONTRACTUAL	N/A
7/15/2016	O4/30/2017	Secondary Scho	ol Teacher	SAINT MICHAEL ACADEMY		9200.00		CONTRACTUAL	N/A
CION	TUDE		(Contin	ue on separate sheet if n		Ī	1 1	11/2025	
SIGNA	ATURE				DATE		1/	11/2025	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION	(mm/dd/www) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK			
(Write in full)			NUMBER OF HOURS				
N/A	N/A	N/A	N/A		N/A		
		on separate shee					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)							
30. TITLE OF LEARNING AND DEVELOPMENT	ATTENDANCE From To		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
INTERVENTIONS/TRAINING PROGRAMS (Write in full)							
BASIC C9MPUTER LITERACY	9/7/2021	07/19/2021	80.0	TECHNICAL	INTERNATIONAL COMPUTER TEACHNOLOGY COLLEGES		
	(Continue	on separate shee	t if necessary)				
VIII. OTHER INFORMATION					180 180 1 185 1 10 118		
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33. ASSOCIATION/ORGANIZATION				
Singing	University Culture and Arts Awardee				Member, Youth Formation Institute Incorporated		
Audio Mixing	COEd Cultural and Arts Awardee				Member, UPAO Assoc. of Alumni Artist		
Dancing					Member, Silvino Lubos Cultural Ensembles		
Motion Design					International Organizationfor Health, Sports, and Kinesiology (IOHSK)		
Graphic Design					Association of Tertiary Physical Education		
Dance Choreography					Physical Education Teachers Education Association of the Philippines		
Musical Play Directing and Management							
Photo and Video Editing							
(Continue on separate sheet if necessary)							
SIGNATURE			DA	ATE	1/11/2025 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		NO NO			
35. a. Have you ever been found guilty of any administrative offe	☐ 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 any regulation by any court or tribunal?	☐ YES ☐ NO If YES, give details: ————				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, enough phased out (abolition) 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 (except Barangay election)?b. Have you resigned from the government service during the	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO				
the last election to promote/actively campaign for a national of		If YES, give details:			
39. Have you acquired the status of an immigrant or permanent r	☐ YES ☑ NO If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89)					
a. Are you a member of any indigenous group?	72), ploude undwer the following	YES	✓ NO		
b. Are you a person with disability?					
c. Are you a solo parent?	Are you a solo parent?				
41. REFERENCES (Person not related by consanguinity or affinity to applicant /a	appointee)				
NAME	ADDRESS	TEL. NO.	ID picture taken within		
DR. MARY LYNN E. VERANO	UEP, CATARMAN NORTHERN SAMAR	N/A	the last 6 months 3.5 cm. X 4.5 cm (passport size)		
DR. ALLAN R. OREJUDOS	UEP, CATARMAN NORTHERN SAMAR	N/A	With full and handwritten		
ELY P. DE SILVA	CATARMAN NORTHERN SAMAR	N/A	name tag and signature over printed name		
42. I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent I Philippines. I authorize the agency head/authorized represen I agree that any misrepresentation made in this docur administrative/criminal case/s against me.	Republic of the stated herein.	Computer generated or photocopied picture is not acceptable PHOTO			
PLEASE INDICATE ID Number and Date of					
Government Issued ID: PRC ID					
ID/License/Passport No.: 1486605	Signature (Sign inside t	he box)			
Date/Place of Issuance: 1/30/2022/QUEZON CITY	1/11/2025 Date Accomplishe				
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly is	ssued government ID as indic	cated above.		
	Oath				