CS Form No. 212 Revised 2017			011						
	PERSO	NAL DATA	<b>5</b> H	EE					
WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the V	Nork Experience Sheet shall cau	se the filin	g of adminis	strative/crin	ninal case/s again	st the person	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHEE	• •			1. CS ID No.		/Da aat 511	F 000	
I. PERSONAL INFORMATIO	( ) and use separate sheet if necessary. Indicate N	N/A IT NOT applicable. DO NOT ABBI	REVIATE.		1. CS ID NO.		(Do not till up.	For CSC use only	
2. SURNAME	ROMO								
FIRST NAME	ANAROSE					NAME EXTENSION (JR	, SR)	N/A	
MIDDLE NAME	BAÑOC								
3. DATE OF BIRTH	03/28/2000	16. CITIZENSHIP		✓ Filipino	, п	Dual Citizenship			
(mm/dd/yyyy)	03/20/2000			T I IIIpii k	, ப		☐ by naturalization		
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship	nship, PI:			Pls. indicate of	Pls. indicate country:		
5. SEX	✓ Male ✓ Female	please indicate the details	Philippines				•		
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	N/A  House/Block/Lot No.  N/A		N/A				
	☐ Widowed ☐ Separated ☐ Other/s:					Street GAKAT			
7. HEIGHT (m)	1.56	-	Subdivision/Village BAYBAY		)		Barangay  LEYTE		
8. WEIGHT (kg)	45	ZIP CODE	Ci	ty/Municipality		6521	Province		
( 3)		18. PERMANENT ADDRESS		N/A		6521 N/A			
9. BLOOD TYPE	N/A		Hou	se/Block/Lot No	).	Street			
10. GSIS ID NO.	N/A		Sub	division/Village		Barangay			
11. PAG-IBIG ID NO.	121307900358		Ci	BAYBA` ty/Municipality	Y	<b>LEYTE</b> Province			
12. PHILHEALTH NO.	13-025622939-1	ZIP CODE				6521			
13. SSS NO.	06-4487061-2	19. TELEPHONE NO.				N/A			
14. TIN NO.	613-726-997-00000	20. MOBILE NO.			0453611	 \$53611			
15. AGENCY EMPLOYEE NO.	VJO02111	21. E-MAIL ADDRESS (if any)	anaroseromo@gmail.co						
II. FAMILY BACKGROUND	10002111					9			
22. SPOUSE'S SURNAME	N/A	23.	NAME of CHII	LDREN (Write	full name and I	DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME		NAME EXTENSION (JR., SR)	N/A		Ά	N.		I/A	
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	ROMO	NAME EXTENSION (ID. OD)							
FIRST NAME	ANANIAS	NAME EXTENSION (JR., SR)							
MIDDLE NAME	WENCESLAO								
25. MOTHER'S MAIDEN NAME									
SURNAME	BAÑOC								
FIRST NAME	ROSITA			(Continue on separate sheet if necessary)					
MIDDLE NAME  III. EDUCATIONAL BACKG	SAMBERE		-	(0	onunue on se <sub>l</sub>	parate sneet ii neces	sary)	_	
				DEDIOD OF A	TTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED (if not graduated)		YEAR GRADUATED	ACADEMIC HONORS RECEIVED		
ELEMENTARY	GAKAT ELEMENTARY SCHOOL	ELEMENTARY		2006	2012	N/A	2012	VALEDICTO RIAN	
SECONDARY  VOCATIONAL/	BAYBAY CITY SENIOR HIGH SCHOOL		OL .	2016	2018	N/A	2018	WITH HONORS	
TRADE COURSE	N/A	N/A	05.00	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIEN AGRIBUSINESS	CE IN	2018	2022	N/A	2022	CUM LAUDE	
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
		Continue on separate sheet if necessar							

	ERVICE ELIG								
SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF EXAMINATION /				LICENSE (if ap	
			(If Applicable)	CONFERMENT				NUMBER	Date of Validity
НО	NOR GRADUA	TE ELIGIBILITY	N/A	10/27/2022	CSC RO VIII			100108220958	N/A
			(0		·				
V. WORK E	XPERIENCE		(Coi	ntinue on separate sheet	if necessary)				
			work) Description	of duties should be	indicated in the attached	Work Exper	rience sheet.		
	JSIVE DATES m/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY GRA	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not	abbreviate)	(Write in ful	II/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)
		ALTERNATE DEPUTY D	OCUMENTS AND	100 1110	FATE UNIVERSITY	40.000	A1/A	/an a	.,
11/04/2023	12/31/2023	RECORDS CON	TROLLER	VISAYAS S	TATE UNIVERSITY	13, 000	N/A	JOB ORDER	Y
10/19/2022	10/21/2022	RESEARCH ENUMERA FARMERS AND FIS		DEPARTMENT OF	AGRICULTURE- ACPC	4500.00	N/A	CONTRACTUAL	Y
09/27/2022	10/18/2022	RESEARCH ENU	MERATOR		RAFI	1750.00	N/A	CONTRACTUAL	N
		1		l ntinue on separate sheet	if necessary)				
SIGNA	ATURE	<u> </u>	naforfor		DATE				
							C	S FORM 212 (Revised 2	017), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A			N/A	N/A		N/A	
VII. LEARNING AND DEVELOPMENT (L&D)	·	tinue on separate s	• • • • • • • • • • • • • • • • • • • •				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD ( Managerial/ CONDUCTED/ SPONSORED BY Supervisory/ Technical/etc) (Write in full)		
		From 12/13/2023	To 12/14/2023	16.0	INSTRUCTION	LIMITLESS LAB	
DESIGN THINKING WOR						VISAYAS STATE UNIVERSITY	
		11/29/2023	11/29/2023	8.0	INSTRUCTION		
ISO 9001:2015 ISO AWARENESS/RE A	WARENESS SEMINAR	08/29/2023	08/29/2023	8.0	INSTRUCTION	VISAYAS STATE UNIVERSITY	
(Continue on separate sheet if necessary)  VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN (Write	ICTIONS / RECOG	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERACY (MICROSOFT WORD, EXCEL, POWERPOINT	N/A					N/A	
DRIVING							
0/01/47/177	(Con	tinue on separate s	sheet if necessary)		A T.E.		
SIGNATURE	diala	1		DA	ATE		

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?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Care		¹ NO				
		If YES, give details	:				
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 an any court or tribunal?	ly law, decree, ordinance or regulation by		☑ NO			
			If YES, give details:				
37	Have you ever been separated from the service in any of the	following modes: recignation, retirement					
01.	dropped from the rolls, dismissal, termination, end of term, fir	-	☐ YES   ☑ NO If YES, give details:				
	in the public or private sector?			_			
38.	a. Have you ever been a candidate in a national or local election Barangay election?	tion held within the last year (except	YES	✓ NO			
	b. Have you resigned from the government service during the	a three (2) month pariod before the last	If YES, give details:				
	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	resident of another country?	☐ YES ☑ NO				
		If YES, give details (country):					
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (PA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	*					
a.	Are you a member of any indigenous group?		☐ YES ☑ NO				
b.	Are you a person with disability?		If YES, please specify:  ☐ YES  ☐ NO				
	, ,		If YES, please specify ID No:				
C.	Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:				
41	REFERENCES (Person not related by consanguinity or affinity to applicant /a		II 1 LO, piodos aposity				
	NAME	ADDRESS	TEL. NO.				
	RITCHIE M. DAPAR	BAYBAY CITY, LEYTE	0955 863 2403				
	MARIA LILIA VEGA	BAYBAY CITY, LEYTE	0961 760 5332				
	GEMMA R. MOLINA	BAYBAY CITY, LEYTE	0922 392 1013				
42.		·		della			
	complete statement pursuant to the provisions of pertine			ANAROSE B. ROMO			
	Philippines. I authorize the agency head/authorized represe	•		DUOTO			
	agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ment and its attachments shall caus	e the filling of	PHOTO			
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	1 n 10	,				
	overnment Issued ID: DRIVER'S LICENSE	diakorkon					
  [	//License/Passport No.: H12-19-002303	pox)					
D	ate/Place of Issuance: BAYBAY CITY, LEYTE	JX)					
Ľ	5,(15,(15,11,12,112)		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	government ID as indicated above.					
	Г						
	L	Person Administering Oat					
		h					