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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxe 1. PERSONAL INFORMATION) and use separate sheet if neces	ssary, indicate N/A it not applicab	ne. DO NOT	ADDREVIATE.	1. CS IU No.		(Do noth) up. For	OGO dise only)	
2. SURNAME	Magallon		THE PERSON NAMED AND ADDRESS OF						
FIRST NAME	Yvonn Kyla							N/A	
MIDDLE NAME	Villasan								
3. DATE OF BIRTH		Le OUTITEURUE		8.0	20.00				
(mm/dd/yyyy)	07/07/1999 11b CHIZENSF						l Citizenship		
4. PLACE OF BIRTH	Pastrana, Leyte	If holder of dual citizenshi		☐ by birth ☐ by naturalize Pls. indicate country:			zation		
		please indicate the details				•			
5. SEX	☐ Male	17. RESIDENTIAL ADDRESS		Zone IV					
6 CIVIL STATUS	Single Married Widowed Separated	17. RESIDENTIAL ADDRESS		House/Block/Lot No.			Street		
	Other/s:			Subdivision/Village			Bahay Barangay		
7. HEIGHT (m)	1.48			Pastrana City/Municipality			Leyte Province		
8. WEIGHT (kg)	50	ZIP CODE		Окулистыраку	65	14	Province		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		House/Block/Lot No			Zone IV Street		
10. GSIS ID NO.	N/A			House/Block/Lot No.			Bahay		
	3500000			Subdivision/Village Pastrana			Barangay Leyte		
11. PAG-IBIG ID NO.	121326794174			City/Municipality			Province		
12. PHILHEALTH NO.	13-250848295-0	ZIP CODE		6514					
13. SSS NO.	06-4496348-0 635-432-118-00000	06-4496348-0 19. TELEPHONE NO. N/A 635-432-118-00000 20. MOBILE NO. 09950033836							
14. TIN NO.	20. MOBILE NO.			ykvmagallon					
15. AGENCY EMPLOYEE NO. II. FAMILY BACKGROUND	N/A	21. E-MAIL ADDRESS (if any)			y Aviria yanon	Syrnam.com			
22. SPOUSE'S SURNAME	N/A		23. NAME of C	CHILDREN (Write fu	I name and list	all)	DATE OF BIRTH	(mm/dd/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			N//		
MIDDLE NAME	N/A			N/A			N/A		
OCCUPATION	N/A			N/A			N/A		
EMPLOYER/BUSINESS NAME	N/A			N/A			N/A		
	N/A			N/A			N/A		
BUSINESS ADDRESS	A A A		N/A			N/A			
TELEPHONE NO.	N/A Magallon		N/A			N/A			
24. FATHER'S SURNAME		NAME EXTENSION (JR., SR)		N/A			N/A N/A		
FIRST NAME	Rogelio	N/A		N/A					
MIDDLE NAME	Tado	9	N/A			N/A			
25. MOTHER'S MAIDEN NAME			N/A			N/A			
SURNAME	Villasa		N/A			N/A			
FIRST NAME	Luciñ						N/A		
MIDDLE NAME		Bariñan		(Continue on separate sheet if neo			essary)		
III. EDUCATIONAL BACK	GROUND					HIGHEST LEVEL/	10 10 mm (mm)	SCHOLARSHI	
26. NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF AT	UNITS	YEAR GRADUATED	P/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	Bahay Elementary School	Primary Education		2005	2011	N/A	2011	First Honors	
SECONDARY	Juan Villablanca Memorial High School	High School and Senior Hig	h School	2011	2018	N/A	2018	With High Honors	
VOCATIONAL / TRADE COURSE	Leyte Academic Center	Software Developmen	nt	2016	2017	N/A	2017	Certificate of Training	
COLLEGE	Eastern Visayas State University	Bachelor of Science in Info Technology	ormation	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 nec			necessary)					21	
SIGNATURE	(nogation)			DAT	Ľ		124/20	24	

IV. CIVIL S	ERVICE EL	IGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING	DATE OF	51 105 05 5V11811T	011/0015	FOMENT	LICENSE (if applicable)		
		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CON		ERMENT	NUMBER	Date of Validity	
Career Ser	vice Profess Grad	sional PD 907 - Honor	N/A	01/31/2023 CSC RO VIII		N/A	N/A		
	Grau	uate							
	Allege values a								
70077577			(Contin	nue on separate sheet if r	necessary)				
	EXPERIENC	vment. Start from your	recent work) De	scription of duties	should be indicated i	n the att	ached Work	Experience s	heet.
	ISIVE DATES						SALARY/JOB/		GOV'T
(mm/dd/yyyy) POSITION TI (Write in full/Do not				MONTHLY	applicable)& STEP (Format*00-	STATUS OF APPOINTMENT	SERVICE		
From	То						0")/INCREMENT		(Y/ N)
08/03/2022	05/31/2023	Teacher		St. Joseph High	High School of Dagami Inc. 7684.56		N/A	Contractual	N
08/16/2023	05/24/2024	Part-time Inst	ructor	Department of Comput Visavas S	er Science and Technology tate University	21216	SG-9	Contractual	Υ
				 					
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		A	(Conti	nue on separate sheet if		i i		10	
SIGNA	TURE	Dogallo			DATE		0/24	12024	V2 0 0 1

NAME & ADDRESS OF ORGANIZATION	INCLUSIV	/E DATES				
(Write in full)	(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A		N/A	
			sheet if necessary)			
LEARNING AND DEVELOPMENT (L&)						
rt from the most recent L&D/training program and in			taken for the last f	ive (5) years for Di Type of LD	vision Chief/Executive/Managerial positions	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)	From	To	400	Technical/etc)		
Special Program for Employment of Students	05/07/2018	06/04/2018	160	Supervisory	Department of Labor and Employmen	
Special Program for Employment of Students	06/28/2021	07/26/2021	160	Supervisory	Department of Labor and Employment Department of Information and	
Python Essentials Programming	09/23/2021	10/01/2021	30	Technical	Communications Technology Department of Information and	
Data-Driven Governance	04/04/2022	04/08/2022	20	Supervisory	Communications Technology	
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		il A				
	(Contin	nue on separate s	sheet if necessary)			
II. OTHER INFORMATION						
iii. Officialist on impation	med 15 Towns 1				A STANSON WORK	
31. SPECIAL SKILLS and HOBBIES	NON-		INCTIONS / RECOGI ite in full)	NITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
Graphic Designing			N/A			
Video Editing	N/A				N/A	
Public Speaking			N/A			
Writing	N/A				N/A	
Painting			N/A			
Calligraphy	N/A				N/A	
Programming			N/A		N/A	
	(Contin	nue on separate s	sheet if necessary)		La constant de la con	
BIOMATURE.	1 1				5/24/2024	
SIGNATURE	a paga	Che and	DA	TE	0/24/2004	

34.	Are you related by consanguinity or affinity to the appointion chief of bureau or office or to the person who has immediately bureau or Department where you will be appropriated, a. within the third degree?					
	b. within the fourth degree (for Local Government Unit - C	YES NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative	☐ 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 regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any or resignation, retirement, dropped from the rolls, dismissal finished contract or phased out (abolition) in the public or	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local (except Barangay election)?b. Have you resigned from the government service during	If YES, give details:				
	before the last election to promote/actively campaign for	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or p country?	☐ YES ☑ NO If YES, give details (country):				
a. b.	Persons (RA 7277); and (c) Solo Parents Welfare Act of a Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	If YES, please specify: YES NO If YES, please specify ID No: YES NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	Raymond M. Daylo	Eastern Visayas State University	raymond.daylo@evs u.edu.ph alejo.ogania@prc.go	130		
	Alejo Ogania	MICPICT	v.ph			
10	Sr. Mildred Cruza, OSF	St. Joseph High School of Dagami, Inc.	09171806805			
42.	I declare under oath that I have personally accomplish correct and complete statement pursuant to the provision Republic of the Philippines. I authorize the agency head contents stated herein. I agree that any misre attachments shall cause the filing of administrative/crimin	ns of pertinent laws, rules and re d/authorized representative to ve presentation made in this doc	gulations of the rify/validate the	YVONN KYLA V MAGALLON PHOTO		
e	Sovernment Issued ID (i e Passport, GSIS, SSS, PRC, Driver's License, DE.) PLEASE INDICATE ID Number and Date Sovernment Issued ID: Philippine Identification Card	tabogallon				
10	D/License/Passport No.: 3019-2372-6184-5049	he box)				
0	pate/Place of Issuance: 05/14/2022	bed PS	Right Thumbmark			
SUE	SSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly is	sued government ID as inc	dicated above.		
		Person Administering	Oath			