CS Form No. 212 Revised 2017	PE	RSONAL	D/A	ATA SHE					
WARNING: Any misrepresenta concerned.							ıal case/s agai	nst the person	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERS	ONAL DATA SHEET (PDS) E	BEFOR	RE ACCOMPLISHING TH					
L PERSONAL INFORMATIO		ecessary. Indicate IVA II not appi	iicabie.	DO NOT ABBREVIATE.	1 CSIDN	0.	(Do not fi	ill up. For CSC use o	
2. SURNAME	PALERMO								
FIRST NAME	MARLITO					NAME EXTENSION (JR., SR)			
MIDDLE NAME	GOLIAT							PARAMON	
3. DATE OF BIRTH	AUGUST 07, 1995	16. CITIZENSHIP							
(mm/dd/yyyy)	A00001 07, 1000	IO. CITIZENSHIP		☑ Filipino ☐			Dual Citizenship		
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citizens	hip,			☐ by birth ☐ by naturalization  Pls. indicate country:			
5. SEX	✓ Male ☐ Female	please indicate the deta	ails.						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Т-						
0 011/20/11/00	☐ Widowed☐ Separated			House/Block/Lot No			Street		
	Other/s:			Subdivision/Village	dell'altrivial del Primades necessor à Antonione, que	ordinativi distributado en institute en la 2004 de consederan	CANDADAI Barangay		
7. HEIGHT (m)	1.63				YBAY LEYTE unicipality Province			žir (ili kalkyrinoliji si na prii nije kapitinami menensia nepera aggip 10.000).	
8. WEIGHT (kg)	64	ZIP CODE			6521				
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Martin Ale Chie Million	House/Block/Lot No		andro-State (1866) and the state of the stat	Street		
10. GSIS ID NO.	2006044011		~************************				CANDADA	VI	
11. PAG-IBIG ID NO.	12-120532886-8		-	Subdivision/Village BAYBAY			Barangay LEYTE	sakkatingan Pathingan Jako dipathin di pembagan kan mengaphana Ching Sakab bilak.	
12. PHILHEALTH NO.		710 0005	e Nobel de la companyant	City/Municipality	n 1968 kan di kan saminingga mintukan garangan paga paga paga paga paga paga paga		Province		
13. SSS NO.	12-025473988-0 06-4012958-7	ZIP CODE	6521						
14. TIN NO.	340-264-619	19. TELEPHONE NO. 20. MOBILE NO.			N/A				
15. AGENCY EMPLOYEE NO.	22K0019	21. E-MAIL ADDRESS (if any)	09513650704						
IL FAMILY BACKGROUND	ZZINOTO	21. E-IVIAIL ADDRESS (II any)		<u>mar</u>	litopalern	1007@gma	il.com		
22. SPOUSE'S SURNAME	N	/A	23. NA	ME of CHILDREN (Write full n	ame and list all	1	DATE OF D	IDTU (mm/ddl)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			DATEOFBI	IRTH (mm/dd/yyyy)  N/A	
MIDDLE NAME	N.	/A	NA				I NA		
OCCUPATION	N	'A	$\vdash$				-		
EMPLOYER/BUSINESS NAME	N	'A	<del> </del>				,		
BUSINESS ADDRESS	N	'A	<del> </del>		***************************************				
TELEPHONE NO.	N/	A							
24. FATHER'S SURNAME	PALE	RMO							
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR)			<del></del>	-		<del></del>	
MIDDLE NAME	MA	ZO			· · · · · · · · · · · · · · · · · · ·				
5. MOTHER'S MAIDEN NAME	MARLYN A. GOLIAT								
SURNAME	PALERMO								
FIRST NAME	MARLYN								
MIDDLE NAME	GOLIAT		(Continue on separate sheet if necessary)						
L EDUGATIONAL BAGKER	Construction of the past of the control of the cont	IA .		(Сол	inue on separ	ate sheet if neces	sary)		
5.		PAGIO EDUDATIONE CONTROL			No.	HIGHEST LEVEL/		COLOR ADOLUDI	
LEVEL	NAME OF SCHOOL BASIC EDUCATION/DEGREE/C (Write in full) (Write in full)				UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	HIPUSNGO ELEMENTARY			From	То	(if not			
	SCHOOL BAYBAY NATIONAL HIGH	PRIMARY EDUCATION		2003	2008	GRADUATED	2008	N/A	

LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
		,	From	То	EARNED (if not	CIVADOATED	RECEIVED
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2008	GRADUATED	2008	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2012	GRADUATED	2012	N/A
VOCATIONAL / TRADE COURSE NIA NIA		N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE VISAYAS STATE UNIVERSITY		BACHELOR OF SCIENCE IN AGRIBUSINESS	2013	2017	GRADUATED	2017	N/A
GRADUATE STUDIES  SAINT MICHAEL COLL HINDANG, LEYTE,		BACHELOR IN SECONDARY EDUCATION	Jun-18	Oct-18	18 units	2018	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE 7-28-2023

	R SERVICE/RA			DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/CES/CSEE RATING			RATING (if Applicable)	EXAMINATION / PLACE OF EXAMINATION CONFERMENT		TION / CONFERMENT		NUMBER	Date of Validity
CARE		R SERVICE PRFESSIONAL 80.04% 08/12/2018 TACLOBAN CITY				**************************************			
			(Conti	nue on separate sheet if r	recessary)				
	XPERIENO ale empleym	E nent, Start from your red	ent work) Descrip	tion of duties shoul	d be indicated in the a	tanhed W	ork Experie	nce sheet	
	SIVE DATES /dd/yyyy)	POSITION T (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
01/03/2022	To Present	ADMINISTRATIVE :			Public Works and 5 5th DEO - FINANCE	18,620.00	7-4	Permanent	Υ
OILVEL	i icəciil	(Computer Operator	l) - Budget Unit	SE	CTION	10,020.00	1-4	i ermanent	1
10/01/2019	12/31/2021	BOOKBINDER I -	Budget Unit	Department of Public Works and Highways- LEYTE 5th DEO - FINANCE SECTION		11,199.00	2-3	Job Order	N
02/04/2018 1	11/30/2018	ADMINISTRAT		VISAYAS STA	6,600.00	N/A	Job Order	N	
04/09/2017	04/12/2017	LTO LIAIS	SON	DES-Marketing		7,410.00	N/A	Probationary	N
									***************************************
SIGNAT	TURE	/.	$\mathcal{N}_{0}$	nue on separate sheet if r	ecessary)  DATE		7-28	- 1000	
2.0.17.1		<u> </u>	Mauno		PITE	<u> </u>		ORM 212 (Revised 20	17), Page 2 c

VI. VOLUNTARY WORK OR INVOLVEMENT I	Y CIVIC / NON	LEIG VERNME	NT / PEOPLE	/ VOLUNTARY	ORGANIZATION/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A		N/A	
	11171	7071	1			
VII. LEARNING AND DEVELOPMENT (L&D) I		ue on separate sh				
VII. LEAKNING AND DEVELOPMENT (L&D) I. (Start from the most recent L&D/training program and include					on Chiel/Executive/Managerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT	INCLUSIVE			Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
INTERVENTIONS/TRAINING PROGRAMS (Write in full)		d/vvvv) To	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
AGAP Convention-Seminar on Navigating the	17011			1 ecinicalieic)	DPWH - LEYTE 5TH DISTRICT	
Challenges of Financial Technology and Digital Transformation	10/19/2022	10/22/2022	32	Technical	ENGINEERING OFFICE	
AGAP Technical Seminar on e-Payment and e- Collection	06/16/2022	06/16/2022	8	Technical	DPWH - LEYTE 5TH DISTRICT ENGINEERING OFFICE	
Updates on the Revised Chart of Accounts for National Government Agencies	04/27/2021	04/27/2021	4	Technical	DPWH - LEYTE 5TH DISTRICT ENGINEERING OFFICE	
Updates on the Revised Chart of Accounts for Government Corporation	04/27/2021	04/27/2021	4	Technical	DPWH - LEYTE 5TH DISTRICT ENGINEERING OFFICE	
Training on National Certification on Bookkeeping NC III	08/02/2019	9/23/2019	292	Managerial	ACLC College of Ormoc - BRIDGES MULTI- SKILL TRAINING CENTERE ORMOC CITY INC.	
Training of Climate Resilient Farm Business School (Training of Trainers for Local Farmer Technician)	04/02/2019	08/02/2019	40	Managerial	Agricultural Training Institute – Regional Training Center 8	
Training on National Certification on Organic Agriculture NC II	04/29/2019	03/05/2019	40	Technical	Agricultural Training Institute – Regional Training Center 8	
Human Behavior in Organization Conference	10/09/2016	11/09/2016	16	Supervisory	Visayas State University	
Entreprise Resource Planning Seminar	3/26/2016	3/27/2016	16	Technical	Visayas State University	
	(Contin	ue on separate sh	eet if necessary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	NON-		NCTIONS / RECOGI e in full)	MEMBERSHIP IN  33. ASSOCIATION/ORGANIZATION		
Computer- Literate Microsoft Suite (Word,	N/A				(Write in full)  SOCIETY OF AGRI BUSINESS	
PowerPoint, Excel and Publisher)  Accounting				<del></del>		
			<del></del>			
Bookkeeping						
Fund budgeting and management						
SIGNATURE	$\sim$ 1.	ue on separate sh		\TE	7 16 200	
VIVIAU AUE	yolah	~~^			7 - 28 - 202 9 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?	☐ YES	☑ NO			
	b. within the fourth degree (for Local Government Unit - Care	YES	☑ NO			
	( a	If YES, give detai				
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		
	b. Have you been diffillially charged before any court:		If YES, give details:			
		Date Filed:				
			Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of any	y law, decree, ordinance or	☐ YES ☑ NO			
	regulation by any court or tribunal?		If YES, give details:			
37.	Have you ever been separated from the service in any of the		☐ YES	✓ NO		
	retirement, dropped from the rolls, dismissal, termination, enc phased out (abolition) in the public or private sector?	d of term, finished contract or	If YES, give detail			
20	a. Have you ever been a candidate in a national or local elect	tion held within the last year				
30.	(except Barangay election)?	non neid within the last year	YES give det	☑ NO		
	b. Have you registed from the government consider during the	s three (2) we make would do be aform	If YES, give details:			
	b. Have you resigned from the government service during the the last election to promote/actively campaign for a national of		☐ YES ☑ NO If YES, give details:			
30	Have you acquired the status of an immigrant or permanent r					
33.	That's you dogained the didde of all miningrant of permanent	coldent of another country :	☐ YES ☑ NO If YES, give details (country):			
			II TES, give detail	s (country).		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr	na Carta for Disabled Persons (RA				
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p					
a.	Are you a member of any indigenous group?	☐ YES	☑ NO			
b.	Are you a person with disability?		If YES, please specify:			
	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:			
c.	Are you a solo parent?	YES	✓ NO			
			If YES, please specif			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	(appointea)				
	NAME	ADDRESS	TEL. NO.			
	WENYLOU R. LAGUNA - CHIEF ACCOUNTANT	BAYBAY CITY, LEYTE	9399344308			
		DATBAT CITT, LETTE	3333344300	<b>(6.3</b> )		
	ELDA G. MODINA - BUDGET OFFICER II	BAYBAY CITY, LEYTE	9173086227			
	MERZETH BLAIRE M. BALEOS - ACCOUNTANT II	BAYBAY CITY, LEYTE	9171138802			
42.	I declare under oath that I have personally accomplished this	s Personal Data Sheet which is a t	rue, correct and			
	complete statement pursuant to the provisions of pertinent			MARI ITO G PALFRMO		
	Philippines. I authorize the agency head/authorized represer I agree that any misrepresentation made in this docume			РНОТО		
	administrative/criminal case/s against me.	Ŭ.	-			
				200 Jan 200 J		
8 8	DVernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)					
	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: DRIVERS LICENSE					
┞╟	License/Passport No.: H12-17-001844	~v				
Ľ	шинавн аварикто 1112-11-001044	he box) - <b>02-3</b>				
Da	te/Place of Issuance: 08/10/2022	d Right Thumbmark				
SUB	SCRIBED AND SWORN to before me this	, affiant exhibiting his/her valid	lly issued government l	D as indicated above.		
	·					
		Oath				