

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

PALERMO

FIRST NAME

MARLITO

NAME EXTENSION (JR., SR)

MIDDLE NAME

GOLIAT

3. DATE OF BIRTH
(mm/dd/yyyy)

AUGUST 07, 1995

16. CITIZENSHIP

☒ Filipino

☐ Dual Citizenship

☐ by birth ☐ by naturalization

Pls. indicate country:

4. PLACE OF BIRTH

BAYBAY CITY

If holder of dual citizenship, please indicate the details.

5. SEX

☒ Male ☐ Female

6 CIVIL STATUS

☒ Single ☐ Married

☐ Widowed☐ Separated

☐ Other/s:

7. HEIGHT (m)

1.63

8. WEIGHT (kg)

64

9. BLOOD TYPE

O+

10. GSIS ID NO.

2006044011

11. PAG-IBIG ID NO.

12-120532886-8

12. PHILHEALTH NO.

12-025473988-0

13. SSS NO.

06-4012958-7

14. TIN NO.

340-264-619

15. AGENCY EMPLOYEE NO.

22K0019

17. RESIDENTIAL ADDRESS

House/Block/Lot No.

Street

CANDADAM

Subdivision/Village

Barangay

BAYBAY

LEYTE

City/Municipality

Province

6521

18. PERMANENT ADDRESS

House/Block/Lot No.

Street

CANDADAM

Subdivision/Village

Barangay

BAYBAY

LEYTE

City/Municipality

Province

6521

19. TELEPHONE NO.

N/A

20. MOBILE NO.

09513650704

21. E-MAIL ADDRESS (if any)

marlitopalermo07@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME

N/A

FIRST NAME

N/A

NAME EXTENSION (JR., SR)

MIDDLE NAME

N/A

OCCUPATION

N/A

EMPLOYER/BUSINESS NAME

N/A

BUSINESS ADDRESS

N/A

TELEPHONE NO.

N/A

23. NAME of CHILDREN (Write full name and list all)

N/A

DATE OF BIRTH (mm/dd/yyyy)

N/A

24. FATHER'S SURNAME

PALERMO

FIRST NAME

CARLITO

NAME EXTENSION (JR., SR)

MIDDLE NAME

MAZO

25. MOTHER'S MAIDEN NAME

MARLYN A. GOLIAT

SURNAME

PALERMO

FIRST NAME

MARLYN

MIDDLE NAME

GOLIAT

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL

NAME OF SCHOOL
(Write in full)

BASIC EDUCATION/DEGREE/COURSE
(Write in full)

PERIOD OF ATTENDANCE

From

To

HIGHEST LEVEL/ UNITS EARNED (if not)

YEAR GRADUATED

SCHOLARSHIP/ ACADEMIC HONORS 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

N/A

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 COLLEGE OF HINDANG, LEYTE, INC.

BACHELOR IN SECONDARY EDUCATION

Jun-18

Oct-18

18 units

2018

N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

7-28-2023

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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CAREER SERVICE PROFESSIONAL EXAMINATION	80.04%	08/12/2018	TACLOBAN CITY		

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7-28-2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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 INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	AGAP Convention-Seminar on Navigating the Challenges of Financial Technology and Digital Transformation	10/19/2022	10/22/2022	32	Technical	DPWH - LEYTE 5TH DISTRICT 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 CENTER 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

(Continue on separate sheet if necessary)


VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Computer- Literate Microsoft Suite (Word, PowerPoint, Excel and Publisher)	N/A		SOCIETY OF AGRI BUSINESS
	Accounting			
	Bookkeeping			
	Fund budgeting and management			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7-28-2023
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41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
WENYLOU R. LAGUNA - CHIEF ACCOUNTANT	BAYBAY CITY, LEYTE	9399344308
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 Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.		



MARLITO G. PALERMO

PHOTO

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath