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. 1. CS ID No. Print legibly. Tick appropriate boxes ( 🗍 and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) 2. SURNAME **BUEN** NAME EXTENSION (JR., SR) RALPH JULIUS FIRST NAME MIDDLE NAME **ASILOM** 3. DATE OF BIRTH 16. CITIZENSHIP 07/07/2001 ✓ Filipino ■ Dual Citizenship (mm/dd/yyyy) □ by birth ■ by naturalization 4. PLACE OF BIRTH **BAYBAY CITY, LEYTE** Pls. indicate country: If holder of dual citizenship. please indicate the details. ✓ Male ☐ Female 5 SFX **Philippines** ✓ Married J.P LAUREL ST. ✓ Single 17 RESIDENTIAL ADDRESS 601 6 CIVIL STATUS ■ Widowed Separated House/Block/Lot No **POBLACION ZONE 8** Other/s: Subdivision/Villad LEYTE **BAYBAY CITY** 170 CM 7. HEIGHT (cm) City/Municipality Province 56 KG 8. WEIGHT (kg) ZIP CODE 6521 18. PERMANENT ADDRESS 601 J.P LAUREL ST. 9. BLOOD TYPE 0 House/Block/Lot No **POBLACION ZONE 8** 10. GSIS ID NO. Subdivision/Village **BAYBAY CITY** LEYTE 11. PAG-IBIG ID NO. 121327106285 City/Municipality Province 12. PHILHEALTH NO. 6521 ZIP CODE 13. SSS NO. 19. TELEPHONE NO. N/A 14. TIN NO. 603-545-377-00000 20. MOBILE NO. 09927841294 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) ralphbuen07@gmail.com FAMILY BACKGROUND 22 SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24 FATHER'S SURNAME **BUEN RONALD** FIRST NAME MIDDLE NAME **BONUS** 25. MOTHER'S MAIDEN NAME SURNAME **ASILOM EMMA** FIRST NAME **BORINAGA** MIDDLE NAME (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS FARNED GRADUATED (Write in full) (Write in full) (if not graduated) From То ELEMENTARY **BAYBAY II CENTRAL SCHOOL ELEMENTARY** 2007 2013 Graduate 2013 N/Δ BAYBAY NATIONAL HIGH SCHOOL/ BAYBAY CITY SECONDARY HIGH SCHOOL 2013 2019 Graduate 2019 N/A SENIOR HIGH SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A TRADE COURSE COLLEGE **VISAYAS STATE UNIVERSITY BACHELOR OF PHYSICAL EDUCATION** 2019 2023 Graduate 2023 **CUM LAUDE** 

N/A

N/A

N/A

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N/A

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DATE

GRADUATE STUDIES

**SIGNATURE** 

N/A

| IV. CIVIL SE   |                           |                       |                           |                                |  |   |         |   |                      |                        |
|--|---------------------------|-----------------------|---------------------------|--------------------------------|--|---|---------|---|----------------------|------------------------|
|  |                           |                       | RATING<br>(If Applicable) | DATE<br>EXAMINA<br>CONFER      | ATION /  | PLACE OF EXAMINATION / CONFERMENT       |         |   | LICENSE (if ap       | Date of Validity       |
|  |                           |                       |                           |                                |  |   |         |   | · ananty             |                        |
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|  |                           |                       |                           |                                |  | *************************************** |         |   |                      |                        |
| (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. |                           |                       |                           |                                |  |   |         |   |                      |                        |
| 28. INCLU  | ISIVE DATES<br>m/dd/yyyy) | POSITION T            |                           |                                |  | ENCY / OFFICE / COMPANY                 | MONTHLY | SALARY/ JOB/ PAY<br>GRADE (if                       | STATUS OF            | GOV'T                  |
| From   | То                        | (Write in full/Do not |                           |                                |  | /Do not abbreviate)                     | SALARY  | applicable) & STEP<br>(Format "00-0")/<br>INCREMENT | APPOINTMENT          | SERVICE<br>(Y/ N)      |
| 16/08/2023   | PRESENT                   | PART-TIME INST        | INST                      | INSTITUTE OF HUMAN KINETICS 15 |  |   |         | CONTRACTUAL   | Υ                    |                        |
|  | PRESENT                   | SK TREASU             |                           |                                | BLACION ZONE 8                                   |   |         | REPLACEMENT   | Y                    |                        |
|  | PRESENT                   | TAEKWONDO INS         |                           | GABAS INTEGRATED SCHOOL        |  |   |         | RECOMMENDATIO<br>N<br>TEACHING                      | N                    |                        |
| 07/03/2023   | 16/05/2023                | PRE-SERVICE T         | GABAS INTEGRATED SCHOOL   |                                |  |   |         | TEACHING<br>INTERNSHIP                              | N                    |                        |
|  |                           |                       |                           |                                |  |   |         |   |                      |                        |
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| SIGNATURE  |                           |                       |                           | unue on sep                    | e on separate sheet if necessary)  DATE  CS FORM |   |         | CS FORM 2   | 12 (Revised 2017), P | lage 2 of 4            |
| SIGNATURE  |                           |                       |                           |                                | DATE   |   |         | OS FURIVI Z   | (Neviseu 2017), F    | uy <del>c</del> 2 UI 4 |
|  |                           |                       |                           |                                |  |   |         |   |                      |                        |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S        |   |                                      |                            |  |  |   |  |
|--|---|--------------------------------------|----------------------------|--|--|---|--|
| 29. NAME & ADDRESS OF ORGAN<br>(Write in full)   | NIZATION  | INCLUSIVE DATES<br>(mm/dd/yyyy)      |                            | NUMBER OF HOURS  |  | POSITION / NATURE OF WORK               |  |
| (TITIC III ICII)   |   | From To                              |                            |  |  |   |  |
| PHILIPPINE TAEKWONDO AS  | 2004  | PRESENT                              | N/A                        |  | ATHLETE                                    |   |  |
| VISAYAS STATE UNIVERSITY VARS  | 2019  | 2023                                 | N/A                        |  | ATHLETE                                    |   |  |
|  |   |                                      |                            |  |  |   |  |
|  |   |                                      |                            |  |  |   |  |
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|  |   |                                      |                            |  |  |   |  |
| VII. LEARNING AND DEVELOPMENT (L&D)  | INTERVENTIONS/TRAIN   |                                      | parate sheet if necessary) |  |  |   |  |
| (Start from the most recent L&D/training program and inclu   |   |                                      |                            | Executive/Manager  | ial positions)                             |   |  |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVEI<br>(Write in full)                                      | (mn   | ES OF ATTENDANCE<br>n/dd/yyyy)       | NUMBER OF HOURS            | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc)            | CONDUCTED/ SPONSORED BY<br>(Write in full) |   |  |
| Tournament Manager of Taekwondo during Saling  |   | From<br>19/09/2023                   | To 23/09/2023              | 32.0   | MANAGERIAL                                 | VISAYAS STATE UNIVERSITY                |  |
| university Intramural Game<br>SPORTS CLINIC: ORGANIZING, MANAGING, AND<br>COMPETATION                  |   | 03/04/2023                           | 03/04/2023                 | 8.0  | MANAGERIAL                                 | VISAYAS STATE UNIVERSITY                |  |
| Facilitating Gabas Integrated School N   | larching Band   | 07/03/2023                           | 15/05/2023                 |  | FACILITATING                               | GABAS INTEGRATED SCHOOL                 |  |
| Technical working committee in the Annual Joint (<br>Registered/Active Scouts and Culminating Activity |   | 31/03/2023                           | 31/03/2023                 | 8.0  | PROGRAM                                    | GABAS INTEGRATED SCHOOL                 |  |
| SCHOOL LEARNING ACTION CELL on Magna Cart<br>Gender Equality   | a of Women (RA9710) and   | 29/03/2023                           | 29/03/2023                 | 4.0  | MINAR/SYMPOSI                              | GABAS INTEGRATED SCHOOL                 |  |
| SCHOOL LEARNING ACTION CELL on Cybersafe   | Awareness on Teachers   | 17/03/2023                           | 17/03/2023                 | 2.0  | MINAR/SYMPOSI                              | GABAS INTEGRATED SCHOOL                 |  |
|  |   |                                      |                            |  |  |   |  |
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| VIII OTHER INFORMATION   |   | (Continue on se                      | parate sheet if necessary) |  |  |   |  |
| VIII. OTHER INFORMATION  NON-ACADEMIC DISTINCTIONS / RECOGNITION  MEMBERSHIP IN ASSOCIATION/ORGANIZ    |   |                                      |                            |  |  | MEMBERSHIP IN ASSOCIATION/ORGANIZATION  |  |
| 31. SPECIAL SKILLS and HOBBIES   | 32.   |                                      | 33. (Write in full)        |  |  |   |  |
| TAEKWONDO  | ,   | d Universities Athl                  |                            | PHILIPPINE TAEKWONDO ASSOCIATION Sangguniang Kabataan member - Poblacion |  |   |  |
| COMPUTER LITERATE  |   | MBANSA 2010 BRO<br>Regional Athletic |                            | Zone 8, Baybay City  |  |   |  |
| HIKING   | Eastern Visayas Regional Athletic Association 2010 & 2019 GOLD MEDALIST  8X EVRAA apperances  CPG NATIONAL TAEKWONDO COMPETITION 2018 |                                      |                            |  |  |   |  |
|  | ATHLETE OF THE YEAR 2019 (BAYBAY CITY SENIOR HIGHSCHOOL)  |                                      |                            |  |  |   |  |
|  | ATHLETE OF THE YEAR 2017 (BAYBAY NATIONAL HIGHSCHOOL)   |                                      |                            |  |  |   |  |
|  | ATHLETE OF THE YEAR 2013 (BAYBAY II CENTRAL SCHOOL)   |                                      |                            |  |  |   |  |
|  |   |                                      | parate sheet if necessary) | l '  |  |   |  |
| SIGNATURE  |   |                                      | DATE                       |  |  | 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 - Cal   | ☐ YES ☑ NO                                   |  |  |  |  |
|     |  | If YES, give details:                        |  |  |  |  |
| 35  | a. Have you ever been found guilty of any administrative of  | fense?                                       |  |  |  |  |
| 33. | a. Have you ever been found guilty of any administrative on  | ense:  | ☐ YES ☑ NO If YES, give details:                         |  |  |  |
|     |  |  | ii 120, give details.                                    |  |  |  |
|     | b. Have you been criminally charged before any court?  | ☐ YES ☑ NO                                   |  |  |  |  |
|     | b. Have you been diffillially charged before any count!  | If YES, give details:                        |  |  |  |  |
|     |  | Date Filed:                                  |  |  |  |  |
|     |  | Status of Case/s:                            |  |  |  |  |
| 36. | Have you ever been convicted of any crime or violation of a<br>any court or tribunal?  | ☐ YES ☑ NO                                   |  |  |  |  |
|     | any source abanca.   | If YES, give details:                        |  |  |  |  |
| 37  | Have you ever been separated from the service in any of th   | o following modes: resignation, retirement   |  |  |  |  |
| 01. | dropped from the rolls, dismissal, termination, end of term,   |  | ☐ YES ☑ NO If YES, give details:                         |  |  |  |
|     | the public or private sector?  |  | FINISHED CONTRACT  |  |  |  |
| 38. | a. Have you ever been a candidate in a national or local ele<br>Barangay election)?  | ection held within the last year (except     | ☐ YES ☑ NO   |  |  |  |
|     | ,  |  | If YES, give details:                                    |  |  |  |
|     | <ul> <li>b. Have you resigned from the government service during the<br/>election to promote/actively campaign for a national or local</li> </ul>                              |  | ☐ YES ☑ NO If YES, give details:                         |  |  |  |
| 30  | Have you acquired the status of an immigrant or permanent  |  |  |  |  |  |
| 00. |  |  | ☐ YES ☑ NO If YES, give details (country):               |  |  |  |
|     |  |  |  |  |  |  |
| 40. | ·  |  |  |  |  |  |
| a.  | and (c) Solo Parents Welfare Act of 2000 (RA 8972), please   | e answer the following items:                | _  |  |  |  |
| a.  | Are you a member of any indigenous group?  |  | ☐ YES ☑ NO If YES, please specify:                       |  |  |  |
| b.  | Are you a person with disability?  |  | ☐ YES ☑ NO   |  |  |  |
| C.  | Are you a solo parent?   |  | If YES, please specify ID No:  ☐ YES ☐ NO                |  |  |  |
| 0.  | Are you a solo parent!   | ☐ YES ☑ NO If YES. please specify ID No:     |  |  |  |  |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant   | /appointee)                                  |  |  |  |  |
|     | NAME   | ADDRESS                                      | TEL. NO.   |  |  |  |
|     | DELIO M. AMANTE JR.  | BRGY. HIPUSNGO BAYBAY CITY                   |  |  |  |  |
|     | KEMVIRLY P. ANCO   | BAYBAY CITY                                  |  |  |  |  |
|     | LITO D. FLORES   | BRGY. POBLACION ZONE 8, ORMOC CITY           |  |  |  |  |
| 42. | I declare under oath that I have personally accomplished to  | his Personal Data Sheet which is a true, cor | rect and complete  |  |  |  |
|     | statement pursuant to the provisions of pertinent laws, rule<br>the agency head / authorized representative to veri  |  |  |  |  |  |
|     | misrepresentation made in this document and its attach   | •  | •  |  |  |  |
|     | against me.  |  |  |  |  |  |
| G   | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)   |  |  |  |  |  |
|     | LEASE INDICATE ID Number and Date of Issuance  |  |  |  |  |  |
| G   | overnment Issued ID:   |  |  |  |  |  |
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|     | SUBSCRIBED AND SWORN to before me this   | , affiant exhibiting                         | his/her validly issued government ID as indicated above. |  |  |  |
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|     |  | Person Administering Oath                    |  |  |  |  |
|     |  |  | CS FORM 212 (Revised 2017), Page 4 of                    |  |  |  |