CS Form No. 212 Revised 2017	PERSOI	NAL DAT	'A SH	IEET			
WARNING: Any misrepresental concerned.	tion made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the fi	ling of administrative/crimin	al case/s again	nst the person	
	TO FILLING OUT THE PERSONAL DATA SHE			PDS FORM. 1. CS ID No.		Do not fill up. For CSC use only)	
I. PERSONAL INFORMATION		N/A il flot applicable. DO NO	ADDREVIATE.	1. C3 ID NO.	(L	50 flot fill up. 1 of CSC use offly)	
2. SURNAME	ABOY						
FIRST NAME	EDGAR JOEL			N/A			
MIDDLE NAME	FACTOR						
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/1978	16. CITIZENSHIP			ıal Citizenship	hah.uali-ahiaa	
4. PLACE OF BIRTH	BORONGAN E. SAMAR	If holder of dual citiz	enship,	_	by birth by naturalization Pls. indicate country:		
5. SEX	✓ Male Female	please indicate the	details.		-	•	
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS		075			
O GIVIE OTHEROS	☐ Widowed ☐ Separated		Hou	se/Block/Lot No.		Street ABONG	
	Other/s:		Sul	bdivision/Village		Parangay	
7. HEIGHT (m)	1.5			RONGAN CITY ity/Municipality		ERN SAMAR Province	
8. WEIGHT (kg)	77	ZIP CODE	6800	.,			
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	075 ise/Block/Lot No.		Street	
10. GSIS ID NO.	N/A			bdivision/Village	CA	ABONG Parangay	
11. PAG-IBIG ID NO.	102001773242		BOR	RONGAN CITY	EASTE	ERN SAMAR	
12. PHILHEALTH NO.	010505724378	ZIP CODE	6800	ity/Municipality	P	Province	
13. SSS NO.	0618470527	19. TELEPHONE NO.	N/A				
14. TIN NO.	933678637	20. MOBILE NO.	092280114				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		@yahoo.com			
II. FAMILY BACKGROUND			GGGIZGGG	(6,741100.0011			
22. SPOUSE'S SURNAME	N/A		23 NAME of CH	ILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	IV/A		N/A	EDITER (White fall harrie and list all)	, N		
MIDDLE NAME							
OCCUPATION							
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
24. FATHER'S SURNAME	ABOY (deceased)						
FIRST NAME	EDGAR	N/A					
MIDDLE NAME	BEATO						
25. MOTHER'S MAIDEN NAME							
	FACTOR				\longrightarrow		
SURNAME FIRST NAME	YOLANDA						
MIDDLE NAME	BEATO			(Continue on separate	sheet if necessar	y)	

WIDDEL NAME	BLATO			(continue on coparate shoot in hoococary)				
III. EDUCATIONAL BACKG	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		RSE PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
				From	То	(ii flot graduated)		RECEIVED
ELEMENTARY	BORONGAN PILOT ELEMENTARY SCHOOL	ELEMENTARY		1984	1990	GRADUATED	1990	N/A
SECONDARY	EASTERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL	HIGHSCHOOL		1990	1994	GRADUATED	1994	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU - MAIN	BS COMPUTER ENGINEERING		1994	2004	GRADUATED	2004	N/A
	PAMANTASAN NG LUNGSOD NG MAYNILA	BACHELOR IN BUSINESS MANAGEMENT		2015	2017	GRADUATED	2017	N/A
GRADUATE STUDIES	PAMANTASAN NG LUNGSOD NG MAYNILA	MASTER IN BUSINESS ADMINISTRATION		2015	2018	GRADUATED	2018	N/A
		DOCTOR IN MANAGEMENT TECHNOLOGY MAJOR IN PUB MANAGEMENT	BLIC RESOURCE	2020	Present			
(Continue on separate sheet if necess	sary)	_						

-1895+

SIGNATURE

11/6/2020

DATE

	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
ВА		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
AREER SERV	ICE PROFESSION	AL EXAMINATION	84.32	10/17/2004	LEYTE NORMAL UNIVE	RSITY, TACL	OBAN CITY	N/A	N/A
			(Co.	I ntinue on separate shee	t if necessary)				
	EXPERIENCE vate employme		nt work) Descriptio	on of duties should	be indicated in the attache	ed Work Exp			
	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not			SENCY / OFFICE / COMPANY	MONTHLY SALARY SALARY SALARY SALARY SALARY SALARY SALARY SALARY/JOB/PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT		STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
7/01/2020	PRESENT	ADMIN OFFICER II (BUDGET OFFI	CER I)	BORONGAN CITY BUDGE	ET OFFICE	21,000.00	SG 11	PERMANENT	Y
3/01/2020	PRESENT	CASUAL EMPLOYEE		BUSINESS PERMITS AND LICENSING OFFICE		3,500.00	N/A	JOB ORDER	Y
3/13/2018	07/31/2019	CUSTOMER SERVICE EXECU	TIVE	DOLE PACKAGED FO	ODS PHILIPPINES	58,000.00	N/A	PERMANENT	N
/02/2017	02/01/2018	ASSISTANT CUSTOMER SER'	VICE	EATON INDUSTRIES P	HILIPPINES	56,000.00	N/A	PERMANENT	N
2/27/2012	09/29/2017	SENIOR PARTNER SUPPORT ORDER TO FULFILLMENT		SUNPOWER PHILIPPIN	54,000.00	N/A	PERMANENT	N	
						+ +			
7/01/2009	02/24/2012	CUSTOMER MANAGEMENT A		HEWLETT PACKARD A		38,000.00	N/A	PERMANENT	N
7/02/2007	07/04/2009	CUSTOMER RESEARCH REP	RESENTATIVE	24/7 CUSTOMER PHILI		18,000.00	N/A	PERMANENT	N
7/01/2004	08/30/2005	COMPUTER OPERATOR		OFFICE OF THE PROVINCIAL ADMINISTRATOR - EASTERN SAMAR		3,000.00	N/A	JOB ORDER	Y
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of 4		- PSde	7		DATE		11/0	6/2020	

IV. CIVIL SERVICE ELIGIBILITY

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY	ORGANIZATI	ON/S		
29. NAME & ADDRESS OF O (Write in full			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		N/A	N/A	N/A	N/A		
_							
_							
VII. LEADNING AND DEVELOPMENT // PD		tinue on separate		·)			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and inclu-				Chief/Executive/Ma	anagerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTEN	DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
LISTEN, REALIZE AND SPEAK UP		04/18/2016	04/19/2016	1/16/1900	SUPERVISORY	GUTHRIE JENSEN	
VIII. OTHER INFORMATION	(Con	tinue on separate	sneet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN	NCTIONS / RECOG e in full)	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
ORDER MANAGEMENT	GBFS AWARD					EMPLOYEE HEALTH AND SAFETY	
PROJECT MANAGEMENT	BRIGHTSPOT AWARD					EMERGENCY RESPONSE TEAM	
CUSTOMER SERVICE	PRISM AWARD					PEOPLE TEAM	
ORACLE ERP							
SAP ERP							
MICROSOFT EXCEL, POWERPOINT, WORD							
	(Con	tinue on separate	sheet if necessary	·)			
SIGNATURE					ATE	11/06/2020	
		95				CS FORM 212 (Revised 2017), Page 3 of	

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 V NO		
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES V NO If YES, give details:		
35. a. Have you ever been found guilty of any administrative offe	ense?	YES ✓ NO If YES, give details:		
b. Have you been criminally 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 ar by any court or tribunal?	ly law, decree, ordinance or regulation	If YES, give details:		
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		If YES, give details: YES		
a. Have you ever been a candidate in a national or local electron Barangay election)? b. Have you resigned from the government service during the		YEN YES, give d☑sil&NO		
election to promote/actively campaign for a national or local 39. Have you acquired the status of an immigrant or permanent	<u> </u>	YE\$f YES, give (☑ail)MO		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group?		YES NO YES NO If YES, please specify:		
b. Are you a person with disability? c. Are you a solo parent?		If YES, please specify ID No: If YES, please specify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)			
NAME	ADDRESS	TEL. NO.		
CHEYNEY A. IBARBIA	BRGY. TABUNAN, BORONGAN CITY	9266303486		
MA. ALICIA DEVORA	BRGY. CABONG, BORONGAN CITY	9665668492	,	
MICHELLE PROMENTILA	SUNPOWER, LAGUNA	9988673525		
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the sentative to verify/validate the contents	Republic of the s stated herein.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PASSPORT	-806			
Date/Place of Issuance: 03/16/2017 - DFA NCR SOUTH	Signature (Sign inside the b	box) Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued government ID as indicated above	e.	