| CS Form No. 212 Revised 2017 | PERSO | NAL DAT | A SH | IEET | | | |
|---------------------------------------|---|--|--|------------------------------|--|---------------------------|--|
| concerned. READ THE ATTACHED GUIDE | ation made in the Personal Data Sheet and the | EET (PDS) BEFORE ACCOM | PLISHING TH | • | criminal case/s a | | erson For CSC use only |
| I. PERSONAL INFORMATION | s () and use separate sheet if necessary. Indicate N | N/A if not applicable. DO NOT A | BBREVIATE. | 1. CS ID NO. | | (Do not niii up. i | roi CSC use only |
| 2. SURNAME | PENETRADO | | | | | | |
| FIRST NAME | JONG JOHAN | N/A | | N/A | | | |
| MIDDLE NAME | LACNO | | | | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | NOVEMBER 11, 1995 | 16. CITIZENSHIP | ✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ | | by naturalization | | |
| 4. PLACE OF BIRTH | BAYBAY CITY, LEYTE | If holder of dual citizen | | | | iizadori | |
| 5. SEX | ✓ Male Female | please indicate the de | etails. | | | | • |
| 6 CIVIL STATUS | Single Married Widowed Separated Other/s: | 17. RESIDENTIAL ADDRESS | House/Block/Lot No. | | Street Barangay | | |
| 7. HEIGHT (m) | 1.73 | 1 | | Subdivision/Village | | | |
| 8. WEIGHT (kg) | 87 | ZIP CODE | | ity/Municipality | | Province | |
| 9. BLOOD TYPE | B+ | 18. PERMANENT ADDRESS | | | | | |
| 10. GSIS ID NO. | N/A | 1 | | ise/Block/Lot No. | | Street | |
| 11. PAG-IBIG ID NO. | 917247119679 | 1 | Subdivision/Village | | Barangay | | |
| 12. PHILHEALTH NO. | 13-250750209-5 | ZIP CODE | City/Municipality P | | Province | | |
| | | | | | | | |
| 13. SSS NO. | 34-7046772-0 | 19. TELEPHONE NO. | N/A | | | | |
| 14. TIN NO. | 343-282-642 | 20. MOBILE NO. | NO. +639515103327 | | | | |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | | <u>pjongjoha</u> | n95@gmail.c | <u>om</u> | |
| II. FAMILY BACKGROUND | | | | | | | |
| 22. SPOUSE'S SURNAME | N/A | NAME EXTENSION (JR., SR) | 23. NAME of CH | IILDREN (Write full name and | list all) | DATE OF BIRTH (mm/dd/yyyy | |
| FIRST NAME | N/A | NAME EXTENSION (JR., SK) | | N/A | | N | N/A |
| 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 |
| BUSINESS ADDRESS | N/A | | | N/A | | N | N/A |
| TELEPHONE NO. | N/A | | | N/A | | N | N/A |
| 24. FATHER'S SURNAME | PENETRADO | NAME EXTENSION (ID. OD) | | N/A | | N/A | |
| FIRST NAME | JONG JOHAN | NAME EXTENSION (JR., SR) | | NA | | N | N/A |
| MIDDLE NAME | LACNO | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | MA | | | |
| SURNAME | LACNO | CNO | | N/A N/A | | N/A | |
| FIRST NAME | JHOANNA MAR | I | | N/A | | N | N/A |
| MIDDLE NAME | HERMOSILLA | | | | | | |
| III. EDUCATIONAL BACKO | GROUND | | | | | | 1 |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE (Write in full) | UNITS EARNE | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |

ELEMENTARY

ORMOC CITY CENTRAL SCHOOL

ELEMENTARY

RECEIVED

N/A

From

6/25/2008

То

3/13/2008 GRADUATE

2008

| SECONDARY | SAINT PETER'S COLLEGE OF ORMOC | HIGH SCHOOL | 6/24/2009 | 03/22/2012 | GRADUATE | _ | OF THE |
|---|--------------------------------|-------------|-----------|------------|----------|------|--------|
| VOCATIONAL / TRADE COURSE | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| COLLEGE | FAR EASTERN UNIVERSITY | COLLEGE | 6/22/2012 | 6/22/2017 | GRADUATE | 2017 | N/A |
| GRADUATE STUDIES | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| (Continue on separate sheet if necessary) | | | | | | | |
| SIGNATURE | | | DA | <i>TE</i> | | | |

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| IV. CIVIL S | ERVICE ELIG | BILITY | | | | | | | |
|---------------|--|--|-----------------|--------------------------|-------------------|-----------------------------|-------------------------------|--------|---------------------|
| 27. CARE | ER SERVICE/ RA 1 | 1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE | RATING | DATE OF EXAMINATION / | DI ACE OE EXAMINA | LICENSE TION / CONFERMENT | | | |
| ВА | RANGAY ELIGIBIL | ITY / DRIVER'S LICENSE | (If Applicable) | CONFERMENT | | | XIVILIV I | NUMBER | Date of Validity |
| | 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 | | |
| N/A | | N/A | N/A | | /A | | N/A | N/A | |
| (Include priv | (mm/dd/yyyy) POSITION TITLE DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY applicable) & STATUS OF SERVICE | | | | | | | | |
| From | То | | | | | O/LE II (1 | (Format "00-0")/ INCREMENT | | (Y/ N) |
| 03/25/2021 | 04/25/2022 | RKO/RC | | | NATIONAL I.D | 20000.00 | SG10 | N/A | Υ |
| 07/23/2018 | 03/18/2019 | SALES ASSO | CIATE | PRYCE | EGASES INC. | 10000.00 | SG1 | N/A | N |
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| | (Continue on separate sheet if necessary) | | | | | | |
|-------|---|--|--|------|--|--|--|
| SIGNA | TURE | | | DATE | | | |

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| VI VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S NAME & ADDRESS OF ORGANIZATION (Write in full) (Individity) NUMBER OF HOURS POSITION / NATURE OF WORK | |
|---|--------------|
| Mile | |
| 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 N/A 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) INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To N/A N/A N/A N/A N/A N/A N/A N/ | |
| 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) From To N/A N/A N/A N/A N/A N/A N/A N/ | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) Number of Hours (Managerial/Supervisory/Technicalletc) CONDUCTED/ SPONSOREI (Write in full) | |
| 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) From To N/A N/A N/A N/A N/A N/A N/A N/ | |
| 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 | .D BY |
| N/A N/A N/A N/A N/A N/A | |
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| n/a | |
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| (Continue on separate sheet if necessary) VIII. OTHER INFORMATION | |
| 31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/(Write in full) | |
| COMPUTER UAAP SILVER MEDALIST BIGFOOT NIGHT RUNN | ORGANIZATION |
| | |

| (Continue on separate sheet if necessary) | | | | |
|---|--|------|--|--|
| SIGNATURE | | DATE | | |

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| 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 | eer Employees)? | YES [| ✓ NO | | |
| | | | If YES, give details | 5: | | |
| | | | | | | |
| 35. | a. Have you ever been found guilty of any administrative offe | ense? | YES | ✓ NO | | |
| | | | If YES, give details | | | |
| | | | 1,3 | | | |
| | | | - | | | |
| | b. Have you been criminally charged before any court? | | YES | ✓ NO | | |
| | | | If YES, give details | S: | | |
| | | | Date Filed: | | | |
| | | | Status of Case/s: | | | |
| 36. | Have you ever been convicted of any crime or violation of an | ny law, decree, ordinance or regulation | YES | ✓ NO | | |
| | by any court or tribunal? | | If YES, give details | | | |
| | | | | | | |
| 37 | Have you ever been separated from the service in any of the | e following modes: resignation | \ | T NO | | |
| 01. | retirement, dropped from the rolls, dismissal, termination, en | | YES If YES, give details | ☑ NO | | |
| | out (abolition) in the public or private sector? | , , | Ti Lo, give details. | | | |
| 38. | a. Have you ever been a candidate in a national or local elec | ction held within the last year (except | ☐ YES | ✓ NO | | |
| | Barangay election)? | If YES, give detail | | | | |
| | | | | | | |
| | b. Have you resigned from the government service during the election to promote/actively campaign for a national or local | YES | ✓ NO | | | |
| | | If YES, give detail | is | | | |
| 39. | Have you acquired the status of an immigrant or permanent | resident of another country? | YES | ✓ NO | | |
| | | | If YES, give details | s (country): | | |
| | | | | | | |
| 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 | | | |
| | | | If YES, please specify | <i></i> | | |
| b. | Are you a person with disability? | | YES | ✓ NO | | |
| C. | Are you a cale narent? | | If YES, please specify | <u> </u> | | |
| 0. | Are you a solo parent? | | YES If YES, please specify | ✓ NO ✓ ID No: | | |
| | | | ii 120, piodos opocii, | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant | /appointee) | | | | |
| | NAME | ADDRESS | TEL. NO. | ID picture taken within | | |
| | BRIAN JOHN REYES | DAPITAN MANILA CITY | N/A | ID picture taken within the last 6 months | | |
| | | DAI TAN MANIEA OTT | 1471 | 3.5 cm. X 4.5 cm (passport size) | | |
| | CATHLAINE M. MORILLO | CANDADAM BAYBAY CITY | 9550068948 | With full and handwritten | | |
| | | | | name tag and signature over printed name | | |
| 40 | I dealers under eath that I have no see the second that | this Demonal Data Chart which is a | THE CONTROL OF T | Computer generated | | |
| 42. | I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine | | | or photocopied picture is not acceptable | | |
| | Philippines. I authorize the agency head/authorized repre | | · · | , | | |
| | I agree that any misrepresentation made in this doct | · · · · · · · · · · · · · · · · · · · | | РНОТО | | |
| | administrative/criminal case/s against me. | | | | | |
| | | | | | | |
| | overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance | | | | | |
| ΙH | | | | | | |
| G | overnment Issued ID: LTO DRIVER'S LICENSE | | | | | |
| | /License/Passport No.: H12-19-001531 | Signature (Sign inside the b | oox) | | | |
| 1 | ata/Diago of Issuance: DAVDAY CITY/ 2010/05/20 | | | | | |

| Date/Place of issuance. DATDAT GITT/ 2019/03/20 | Date Accomplished Right Thumbmark |
|---|---|
| SUBSCRIBED AND SWORN to before me this | , affiant exhibiting his/her validly issued government ID as indicated above. |
| | |
| | |
| | Person Administering Oath |

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