CS Form No. 212									
Revised 2017	PERSO	NAL DAT	A SH	IEET					
concerned.	tion made in the Personal Data Sheet and th					/criminal case/s	against the p	erson	
Constitution of the contract o	TO FILLING OUT THE PERSONAL DATA SH	Marketine and the Proposition of Marketine Principle Andre			1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	DN								
2. SURNAME	ILAIDA								
FIRST NAME	RAYMARK					NAME EXTENSION (JR	., SR)		
MIDDLE NAME	BAGARINO			-					
DATE OF BIRTH     (mm/dd/yyyy)	8/23/1996	16. CITIZENSHIP		✓ Filipino ☐ Dual Citizenship			zation		
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citize	If holder of dual citizenship,			✓ by birth ✓ by naturalization  Pls. indicate country:			
5. SEX	✓ Male Female	please indicate the c	please indicate the details.		Philippines			-	
6 CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS			AVENII			NOS	
	Widowed Separated Other/s:		Нои	House/Block/Lot No. Street 42					
		-	Subdivision/Village Barangay TACLOBAN CITY LEYTE			WIND TO 10 10 10 10 10 10 10 10 10 10 10 10 10			
7. HEIGHT (m)	1.55			ity/Municipality		Province			
8. WEIGHT (kg)	57.70	ZIP CODE			6721				
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Ног	use/Block/Lot No.			BUTAC Street		
10. GSIS ID NO.	N/A		Su				MAMBUCALE Barangay		
11. PAG-IBIG ID NO.	12-120798977-9	A STATE OF THE STA					TERN SAMAR  Province		
12. PHILHEALTH NO.	13-025479456-3	ZIP CODE		6500					
13. SSS NO.	06-4019641-3	19. TELEPHONE NO.		N/A					
14. TIN NO.	340-346-382	20. MOBILE NO.	0956			3-382-9578			
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		ILAIDA	RAYMA	RK23@GMA	IL.COM		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list		ist all) DATE OF BIRTH (mm/dd/yyyy)				
FIRST NAME		NAME EXTENSION (JR., SR)			N/A				
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME			1			***************************************			
BUSINESS ADDRESS									
TELEPHONE NO.			<b>†</b>						
24. FATHER'S SURNAME	ILAIDA		1						
FIRST NAME	DENIS	NAME EXTENSION SR	1						
MIDDLE NAME	LUCEÑO		-						
25. MOTHER'S MAIDEN NAME	LOGENO								
SURNAME									
	NENITA								
FIRST NAME	SOMOOC			(6)	antinua an car	parata chant if nacas	cand		
MIDDLE NAME  III. EDUCATIONAL BACKO			(Continue on separate sheet if necessary)						
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF A	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTADO.	MARABUT CENTRAL	PRIMARY EDUC		From 6/E/2000	To 4/2/2000	(if not graduated)	2009	ACHIEVERS	
ELEMENTARY  SECONDARY	ELEMENTARY SCHOOL MARABUT NATIONAL HIGH	HIGH SCHO		6/5/2009	4/3/2009 3/22/2013		2009	ACHIEVERS	
	SCHOOL			0112009	312212013		2013	AOTHEVERS	
VOCATIONAL / TRADE COURSE	N/A EASTERN VISAYAS STATE	N/A BACHELOR OF SO	CIENCE IN						
COLLEGE	UNIVERSITY	OFFICE ADMINIS		6/14/2014	6/14/2019		2019	N/A	
GRADUATE STUDIES	N/A	N/A (Continue on separate sheet if ne							
			cessary)	DATE (1/21/2V)					
CIONATORE	1 11	1 IMM					10/1	d 2017), Page 1 of 4	

. CAREE			RATING	DATE OF	TION / CONEC	DMENT	LICENSE (if ap		
BAF		LITY / DRIVER'S LICENSE (If Applicable) EXAMINATION / CONFERMENT CONFERMENT		NUMBER	Date of Validity				
CARE	ER SERVICE -	PROFESSIONAL	82.56	8/11/2024	SAN JOSE CENTRAL S	SCHOOL - T	TACLOBAN		
	the second second			1					
:									
Charles de métro de desente									
WORK E	XPERIENCE		(C	ontinue on separate shee	t if necessary)				
		t. Start from your rece	nt work) Descript	ion of duties should	be indicated in the attach	ned Work Ex	xperience she	et.	
	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not			GENCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То	ADMINISTRATIVE O	ENERALIST /				INCREMENT		(///
9/7/2020	PRESENT	POLLUTION CONTI		LEYTE DOKIKS CORPORATION (ANDOKS)		12,586.66		REGULAR	NO
2/5/2020	5/30/2020	LOAN OFF	ICER	NWTF PRO	JECT DUNGGANON	10,000.00		CONTRACTUAL	NO
9/2/2017	12/20/2019	SERVICE O	REW	MC CAROL VEN	ITURES (MCDO RIZAL)	8,450.00		REGULAR	NO
			Marie ya funda wa marie ka ma						
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II - F			***************************************						
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		EC.							
		The state of the s							
			7 (C	ontinue on separate shee	t if necessary)				

IV. CIVIL SERVICE ELIGIBILITY

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC	C / NON-GOVERNMENT	/ PEOPLE / VC	DLUNTARY O	RGANIZATIO	N/S	
29. NAME & ADDRESS OF ORGANIZAT (Write in full)	TION	INCLUSIV (mm/de		NUMBER OF HOURS		POSITION / NATURE OF WORK
FOOD FOR THE HUNGRY - MARA	BUT	1/5/2014	6/5/2014	4 HRS /DAY	CH	HILDREN AND YOUTH VOLUNTEER
IGLESIA NI CRISTO - KADIWA -LEYT	E EAST	5/13/2012	PRESENT			MEMBER
VII. LEARNING AND DEVELOPMENT (L&D) INTER\		ntinue on separate s		)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIO (Write in full)		INCLUSIVE	DATES OF DANCE	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	DEPARTMENT OF LABOR AND EMPLOYMENT
DOLE ORIENTATION ON PROGRAMS AND S	SERVICES 2022	8/11/2022	8/11/2022	8 HRS	ADMINISTRATIVE	- REGION VIII DEPARTMENT OF LABOR AND EMPLOYMENT
DOLE ORIENTATION ON PROGRAMS AND S	SERVICES 2022	3/28/2022	3/28/2022	8 HRS	ADMINISTRATIVE	- REGION VIII
BASIC OCCUPATIONAL SAFETY AND HEALTH TRAINING ONLINE BASIC POLLUTION CONTROL OFFICE	9/22/2021 5/31/2021	9/23/2021	10 HRS 40 HRS	OFFICER 1	OCCUPATIONAL SAFETY AND HEALTH CENTER - REGIONAL EXTENSION UNIT VIII POLLUTION CONTROL ASSOCIATION OF THE	
	(Con	tinue on separate s	sheet if necessary			
VIII. OTHER INFORMATION	NON	I-ACADEMIC DISTIN	ICTIONS / RECOG	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS and HOBBIES 32.	NON		e in full)			33. (Write in full)
TEXTILE SHIRT PRINTING		SCHOOL BAN	IGLESIA NI CRISTO - KADIWA			
SINGING  DANCING - TIKTOK TRENDS	ensemble commenters are provided and the comment of the second		o de la companya della companya dell			
	k (Con	/	sheet if necessary			10 /01
SIGNATURE	dy	1 th	<b>K</b>	D,	ATE	U/ U/ N/ CS FORM 212 (Revised 2017), Page 3 of 4
	1					331 Onim 212 (Newseu 2011), Page 3 014

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat 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	☐ YES ☑ NO If YES, give details: ————————————————————————————————————						
	b. Have you been criminally charged before any court?	☐ YES ☑ NO  If YES, give details:  Date Filed: Status of Case/s:						
36.	by any court or tribunal?	☐ YES ☑ NO If YES, give details:						
	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, erout (abolition) in the public or private sector?	nd of term, finished contract or phased	☑ YES ☐ NO If YES, give details: END OF CONTRACT					
38.	<ul> <li>a. Have you ever been a candidate in a national or local ele Barangay election)?</li> </ul>	ction held within the last year (except	YES	✓ NO				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	If YES, give details:  ☐ YES ☑ NO  If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag							
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items.	☐ YES ☑ NO					
b.	Are you a person with disability?	If YES, please specify:						
	710 you a person with disability:	If YES, please specify ID No:						
C.	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.					
	EDWIN A. METANTE	ALANG-ALANG, LEYTE	0917-882-8956					
	TITO B. URIBE	SAGKAHAN, TACLOBAN CITY	0917-599-9897	(3 = 1				
	RONNEL S. GUIUAN	AMAMBUCALE, SAMAR	0975-297-6085	=				
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 esentative to verify/validate the contents	Republic of the s stated herein.	PHOTO				
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance	1 10	anas/					
H	overnment Issued ID: PHILID	175						
1	//License/Passport No.: 4370-1549-5728-4167	Signature (Sign inside the b	ox)	1.49				
L	ate/Place of Issuance: 04/30/2022	Date Accomplished		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this 20	24 -11- 2 6 , affiant exhibit	ing his/her validly issued g	overnment ID as indicated above.				
	Page No. 21	ATTY. JARES AMORE	SNERI					
	Book No. 1/4 ;	loban City						
		, Leyte er 31, 2024						
		Roll No. 52901 / TIN: 252-39 IBP OR No. 403557 / 1-5-2024 / Le PTR No. 9044460 / 1-2-24 / Alang	yte Chapter	CS FORM 212 (Revised 2017), Page 4 of 4				

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