CS Form No. 212 Revised 2017		101 5070	CIII			PROCESS ALES			
	PERSON	NAL DATA	SHI	EEI					
VARNING: Any misrepresentat	tion made in the Personal Data Sheet and the	Work Experience Sheet shall c	ause the filin	g of admini	strative/crir	ninal case/s aga	inst the pers	on	
concerned.	TO FILLING OUT THE PERSONAL DATA SHE			DS FORM.					
Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate i	N/A if not applicable. DO NOT ABB	BREVIATE.	1.	CS ID No.		(Do not fill up. Fo	or CSC use only	
PERSONAL INFORMATIO						Charles of the Control	1500	200	
2. SURNAME	BARAL				IN	AME EXTENSION (JR.,	non)	-	
FIRST NAME	JOHN NIMAR					ME EXTENSION (SIC.,	SH)		
MIDDLE NAME	MABULAY								
3. DATE OF BIRTH (mm/dd/yyyy)	06/16/01	16. CITIZENSHIP		✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization				ation	
4. PLACE OF BIRTH	HIGULOAN, BAYBAY CITY, LEYTE	If holder of dual citizenshi	р,	K.		Pls. indicate co			
5. SEX	✓ Male ☐ Female	please indicate the detail	8.		chi			~	
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		ck 2, Lot 30					
	☐ Widowed ☐ Separated ☐ Other/s:	The second second		/Block/Lot No.			Street Punta	10000	
•		-	Subdi	vision/Village			Berangay		
7. HEIGHT (m)	1.70 m			Baybay Municipality			Leyte Province		
8. WEIGHT (kg)	68 kg	ZIP CODE				6521			
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS		ak 2, Lat 30					
10. GSIS ID NO.	N/A	1 1		House/Block/Lof No. Villasoledad			Street Punta		
11. DAG IDIG ID NO		- F		ivision/Village			Barangay	1-3-37	
11. PAG-IBIG ID NO.	121328686723			Baybay Municipality			Leyte Province		
12. PHILHEALTH NO.	13-250338379-2	ZIP CODE		6521					
13. SSS NO.	06-4642720-9	19. TELEPHONE NO.		MA					
4. TIN NO. 364-267-244-000		20. MOBILE NO.		09513705428					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	johnnimarbaral3621@gma		il.com				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		3. NAME of CHIL	ME of CHILDREN (Write full name and list all) DATE OF BIRTH (n			H (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A N/A				A		
MIDDLE NAME	N/A					15%	FOREIGN		
OCCUPATION	N/A					111115	13.	Largo	
EMPLOYER/BUSINESS NAME	N/A							Lie	
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A				-				
24. FATHER'S SURNAME	BARRAL				POT DETAIL			-0-0-	
FIRST NAME	NICANOR	NAME EXTENSION (JR., SR)			1007				
MIDDLE NAME	GONZALES								
25. MOTHER'S MAIDEN NAME				-					
SURNAME	MABULAY				-		-	1	
FIRST NAME	MARITES		-		-	-	W- New		
MIDDLE NAME	DALUMPINES		(Continue on separate si				n short Massacrand		
III. EDUCATIONAL BACK				(C	onanue on se	parate sneet if neces	sary)	The second second	
III. EDUCATIONAL BACK	GROUND	Amultipatista nec Accidentation de	Service Controls	ST SCHOOL STREET			Skineraty.	SCHOLARSHIPY	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREI (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	PALHI ELEMENTARY SCHOOL	BASIC EDUCATION	ı	06/06/2007	03/01/2013	Elementary Graduate	2013	Salutatorian	
SECONDARY	The Sisters of Mary School-Boystown, Inc.	High School and Senior High School	Basic Education	04/01/2013	01/01/2018	High School & Senior High Graduate	2018	With Honor	
VOCATIONAL / TRADE COURSE		and the second	Vac bis	- 4.6			W YEAR	de war	
COLLEGE	Visayas State University-Main Campus	Bachelor of Secondary Educa Mathematics	ation-Major in	08/12/2018	08/22/2022	College Graduate	2022	Cum Laude	
GRADUATE STUDIES		Addition of the second	- epile			3.70		in the	
Constitution of the last	100	(Continue on separate sheet if nece	essary)			1.10-	los		
SIGNATURE	a fundare	9	La de	DA	ATE	02/29		id 2017), Page 1 of	



	ERVICE ELIGIB		AND DESCRIPTION OF THE PERSON NAMED IN	DATE OF			Constant Control	LICENSE (if a	pplicable)
77. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER ATIO SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ACE OF EXAMINATION / CONFERMENT			Date Validi	
Lice	Licensure Examination for Teachers			03/19/2023	City, Leyte		2098828	06/16/	
	EXPERIENCE	Start from your recen		ntinue on separate sheet if	necessary) indicated in the attach	ad Work Ex	narianca chae		
INCL	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not	TLE	DEPARTMENT / AGEN	CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format 100-01)/	STATUS OF APPOINTMENT	GOVT SERVIC (Y/N)
/02/2023	To 05@#/2024	Part-time Ins	tructor	Visayas St	ate University	156/unit	INCREMENT	Job Order	Y
/01/2023	Present	Private To			a 3 Pupil	155/hr		Self-Employment	N .
							ANTAK M		
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			260	N/2 (4)					
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OLUNIARY WO	the state of the s	T IN CIL	/PEOPLE/	COLUNIARY	ORGANIZATIO		
	NAME & ADDRESS OF (Write in fo			VE DATES dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
			From	To			
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			-			-	
			255	-			
		(Co	ntinue on separat	sheet if necess	ary)	454 114 4140	
LEARNING AN	D DEVELOPMENT (L&	D) INTERVENTIONS/TRAINING	PROGRAMS	ATTENDED	E 1454		
t from the most recen	t L&D'training program and in	clude only the relevant L&D/training taken		Section 1 and 1 an	on Chief/Executive/M.	inagerial positions	
TITLE OF LEAS	RNING AND DEVELOPMENT IN	ITERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
	(Write in	MI)		/dd/yyyy)	- NOWED OF HOUSE	Supervisory/ Technical/etc)	(Write in full)
sic Computer Literar	cy (80 - Hours) training		From	01/13/24	90 Unum	Testales	EL TECH LEADANNE MUN
- The Literature	y (ou - riours) training		01/03/2024	U1/13/24	80 Hours	Training	ELTECH LEARNING HUB
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2 TO DECIMAL		(6	continue on separa	ate sheet if neces	ssary)		
I. OTHER INFOR	RMATION	第一个分类。	TOWN TO LOW	Merchan	STATE OF THE		
1. SPECIA	L SKILLS and HOBBIES	32. N	ON-ACADEMIC DI	STINCTIONS / RE Write in full)	ECOGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI (Write in full)
		M LEWIS EN					Kabalikat Civicom 938 Chapter
Play	ying Chess	Math, Sc	Math, Science, and Technology Fair 2023 - Coach				
Playing Mu	isical Instruments	VSU IH	S Track and Fi	eld Coach - C	luster Meet		1.4
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Miles de la companya	NATURE		-		A COLUMN TO A STATE OF THE PARTY OF THE PART	DATE	041 441111

	Are you related by consanguinity or affinity to appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,	or recommending authority, or to the supervision over you in the Office,					
	a. within the third degree?		YES [☑ NO			
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES [Z NO			
		If YES, give details					
35	a. Have you ever been found guilty of any administrative offer	ense?		7.00			
	, , , , , , , , , , , , , , , , , , ,	☐ YES [If YES, give details	☑ NO :				
	b. Have you been criminally charged before any court?		YES	✓ NO			
		If YES, give details:					
			Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of an	☐ 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,	☐ YES	√ NO			
	retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	**************************************	If YES, give details				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	YES	☑ NO				
			If YES, give details:				
	 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 details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	☑ NO			
		If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
3.	Are you a member of any indigenous group?	, please answer the following items:					
			☐ YES If YES, please specify	☑ NO :			
D .	Are you a person with disability?		YES	☑ NO			
C.	Are you a solo parent?		If YES, please specify YES	√ NO			
			If YES, please specify				
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)					
	NAME	ADDRESS	TEL NO.				
	Jovelyn B. Cardeno	Palhi,Baybay City,Leyte	09345596260				
_	Andrey Austero	San Juan, Baybay City, Leyte	9058192491				
	Jhel Marc Semillano	Bitanhuan, Baybay City, Leyte	9266547631				
	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine						
	Philippines. I authorize the agency head/authorized reprint agree that any misrepresentation made in this doc administrative/criminal case/s against me.	esentative to verify/validate the content	s stated herein.	BARAL, JOHN NIMAR M.			
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